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HISTORY AND DESCRIPTION OF THE NORTH-
AMPTON LUNATIC HOSPITAL, MASS.

BY PLINY EARLE, M. D., SUPERINTENDENT.

In the year 1854, by order of the State Legislature, the Governor of Massachusetts appointed a Board of Commissioners, whose duty it was ;—first, to ascertain the number and condition of the insane in the Commonwealth ; and, secondly, to see what further accommodations, if any, were needed for the relief and care of the insane. This board consisted of the Hon. Levi Lincoln, Dr. Edward Jarvis, and the Hon. Increase Sumner, but their duties were chiefly performed by Dr. Jarvis. Their report, dated March 1st, 1855, exhibits great thoroughness of research, and contains the most nearly perfect census that has ever been taken, in America, of the insane and the idiotic of any state or district. It shows that, although the four hospitals already existing within the State were full, and some of them over-crowded, there were still, among the general population, more than six hundred insane persons who were fit subjects for hospital care.

When the results of this investigation were made known to the Legislature, that body immediately took the subject into consideration, and, notwithstanding the

fact that the State had already erected two hospitals for the insane, resolved, without a dissenting vote, to erect a third. The act authorizing the establishment of this institution was passed on the 21st of May, 1855.

Commissioners for the selection of a site, and the construction of the buildings, were soon appointed. The chairman of this board was the late Dr. Luther V. Bell, so long, so well, and so widely known for his successful superintendency of the McLean Asylum.

A site was selected in Northampton, county of Hampshire, and the legal title of the institution was, for some years, "The Third State Lunatic Hospital." It has since been changed to its present form, "The Northampton Lunatic Hospital." It is to be hoped that, by another change, not far distant in the future, the word "lunatic" will be discarded from it, and that it will be made to read the "Northampton Hospital for the Insane." Although an architect was employed in the construction of the buildings, yet the general plan and the internal arrangements were essentially designed by Dr. Bell.

The corner-stone of the hospital edifice was laid on the 4th of July, 1856, when an address was delivered by Dr. Edward Jarvis.

The duties of the Board of Commissioners ceased by a legislative act of limitation, on the 1st of October, 1857. The building was still incomplete, but meanwhile a Board of Trustees had been appointed. The work thenceforward was continued under their supervision and direction.

William H. Prince, M. D., of Salem, Massachusetts, received the appointment of Superintendent of the Hospital, and began the duties of the office on the first of October, 1857.

One patient was admitted on the 1st of July, 1858, and four in the early part of August: but the 16th of August was the day upon which the hospital was really opened. On that day, by order of the Governor of the State, fifty one patients were transferred to it from the State hospital at Worcester. These were persons who had been committed to the hospital last mentioned from the four most westerly counties of the Commonwealth, within one of which the Northampton Hospital is situated.

Austin W. Thompson, M. D., of Northampton, who had previously been appointed Assistant Physician, entered upon the performance of the duties of the office at this time. He resigned and left on the 1st of October, 1859, and was succeeded by Cyrus K. Bartlett, M. D., who still continues in office. On the 1st of April, 1864, Dr. Prince resigned his office, and Dr. Bartlett was appointed as Superintendent *pro tempore*. He performed the duties until the 2nd of July, 1864, when the place was filled by the appointment of Dr. Pliny Earle, the present incumbent.

The first regular official year of the hospital began on the 1st of October, 1858. The daily average number of patients during the first eight official years is shown in the subjoined table:

OFFICIAL YEAR.	MEN.	WOMEN.	TOTAL.
1858-1859,.....	95.73	133.81	229.55
1859-1860,.....	113.78	142.17	255.96
1860-1861,.....	136.74	177.52	314.26
1861-1862,.....	137.80	175.99	313.80
1862-1863,.....	155.42	199.86	355.28
1863-1864,....	157.10	200.53	357.63
1864-1865,....	153.81	188.59	342.40
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In the following description of the establishment, I shall draw largely from one which was written by Dr. Prince, and published in the Third Annual Report of the Hospital.

The farm and grounds connected with the institution consist of somewhat more than one hundred and eighty acres of land, in one lot, lying about one mile westerly from the centre of the town of Northampton, and separated from it by a narrow river, which forms the northern and a part of the eastern boundary of the estate.

The surface of the ground is diversified with hill, and grove, and meadow, presenting beautiful views as seen from the windows of the hospital.

There are between thirty and forty acres of woodland, covered with a thrifty growth of chestnut, pine and hemlock, forming several groves, through which are pleasant walks and drives.

The hospital stands on a commanding elevation, nearly in the centre of the farm, fronting the east. It is protected on the northwest, north and northeast by a grove, but has on the east and southeast an extensive, open lawn, over which is an unobstructed view of the town of Northampton, and the Holyoke range of mountains, of the broad meadows bordering on the Connecticut river, and the town of Hadley on the opposite bank; and beyond, and higher up the hillside, of Amherst and its college buildings.

The structure is of brick, with slated roof and brown-stone window sills and caps. It is in the Elizabethan style of architecture, after a design by Jonathan Preston, of Boston; and with its irregular yet symmetrical form, its broken line of roof, the gables, grouped windows and

other peculiarities of this style, presents a picturesque and imposing appearance.

It was intended to accommodate two hundred and fifty patients, with the necessary officers and attendants; and is arranged for twelve classes of each sex. Practically this number has been much exceeded, the large dormitories having sufficient room for the additional beds.

The bottom of the lower story is six feet above the level of the ground, and a basement or cellar, eight feet deep, extends under the whole building. This preserves the lower story from dampness, and affords ample room for store rooms and bath rooms, for the steam pipe and the ventiduct by which the building is warmed and ventilated, and for the railway on which the food is transported from the kitchen to the dumb-waiters supplying the nineteen dining rooms.

The plan comprises a centre building, four stories high, which, with its extension in the rear, is one hundred and ninety feet deep, and a wing on each side consisting of four sections, each three stories high. The whole length of the front line is five hundred and twelve feet. The stories are each twelve feet high.

From its point of junction with the wings the centre projects, in front, thirty-four feet. Here it has a width of sixty feet, is four stories high, and surmounted by a cupola which rises to a height of one hundred feet above the ground. From this elevation is obtained a panoramic view of great beauty and extent.

The front door is reached through a portico with a flight of steps on either side.

The entrance hall is twelve feet wide and thirty-six feet long, and terminates at a broad door which opens into a rotunda forty-nine feet in width by fifty-seven feet

eight inches in length. Both these halls have a handsome mosaic floor of black walnut and maple. Upon the rear wall of the rotunda rise, on either side, spacious stairways leading to the stories above, the whole being abundantly lighted by large windows in each story.

On each side of the entrance hall are two rooms, eighteen by twenty-one feet, those on the right being occupied as the general business office, and the dispensary, those on the left as reception rooms. The three stories above contain rooms for the Superintendent and his family, and other officers. That part of the centre building in the rear of the rotunda, one hundred and four feet in length, consists of a basement and three stories. The basement contains a central passage-way from the outside to the cellar, having on one side the bakery and the store rooms, and on the other the kitchen and the store rooms connected with it.

The kitchen is twenty-four by forty-seven feet. It has a brick floor, laid in cement, is well lighted, and conveniently arranged. It contains a cooking range of large size, a broiler, and seven copper boilers for cooking by steam.

The story above the basement contains a dining room and a sitting room, and the drying, the ironing and the folding rooms of the laundry. The second and third stories are occupied, next the rotunda, by the chapel, a beautiful hall, forty-five feet long and thirty-six feet wide, finished to the rafters in a plain and handsome manner, in accordance with the general architectural style of the building. In 1866 its walls were painted in water colors, and ornamented with three oil paintings. In the rear of the chapel are sewing rooms and store rooms, and in the story above, several large sleeping

rooms for the farmers and the persons employed in this part of the house. On each side of the centre building is a wing consisting of four sections, three stories high, that on the north being devoted to males, and that on the south to female patients, the rear of the centre building serving as an effectual screen between them. The two wings correspond with each other; and the three stories of each wing do not differ in their general arrangement.

The first section of each wing is one hundred and fourteen feet in length, and in each story consists of a central corridor, twelve feet wide, with sleeping chambers on either side. These are eleven in number. They are each eight feet six inches wide, eleven feet long and twelve feet high, each having a glazed window five feet by three. The lower sash is balanced by weights, and is movable at will. Upon the outside of every window in the wings is an unglazed iron sash.

At that end of the hall which adjoins the centre building, is a parlor, entered from both the rotunda and the wing, in which patients may have a private interview with their friends. Adjoining this, in the wing, and separated from the corridor by a private passageway, are two chambers where patients who are very ill can be cared for in private, or by their friends. The corridor is lighted, at the end opposite the centre building, by three windows, each seven feet high by two and a half feet wide, and in addition to this, midway of its length, by a bay window measuring eighteen by seventeen feet on the floor, affording not only light and air to the hall, but a pleasant sitting room, being comfortably furnished in the three stories according to the condition of the patients occupying them.

There is, in each story, access to a stairway leading to an outer door, affording a ready escape in case of fire. In the corner of this section, at the end most remote from the centre building, is a parlor, or day room, twenty-two feet square, with large and pleasant windows on two sides. There is also a dining room, twenty-four feet long and eleven feet wide, furnished with a substantial black walnut table. There are, in each story of this section, a sink room and a water closet, and two closets for clothing, and in the basement, a bath room with six tubs.

The second section of each wing extends in the same direction, but is set back from the line of the first, which it overlaps forty feet. Like that it contains, in each of the three stories, a central corridor, twelve feet wide and one hundred and fourteen feet long, with chambers on each side. There is also a parlor of large size and well lighted, a dining room, closets for clothing, a sink room, a bath room, and a water closet. The hall is lighted, at the end nearest the centre building, by three windows, and in the middle by a bay window twenty by twenty feet on the floor. There are, in each story of this section, thirteen chambers for patients. There is also access to a stairway leading to an outer door.

The third section of each wing is placed at right angles with the second, and extends to the rear. It is ninety-three feet in length, and is lighted, in the centre, by a bay window. In the outer angle which it forms with the second section, is a dormitory, eighteen by thirty-five feet, which will comfortably accommodate eight or ten patients. Adjoining this, in the inner angle, is a large room for the attendants of the two adjacent halls. In the partition wall between the attendants' room and

the large dormitory, is a glazed window through which the patients in the latter may be observed. The dormitory was intended for persons having a tendency to suicide. The sleeping rooms are arranged on each side of the central hall or corridor, and are of the same size as those in the other two sections. There is also a dining room, a sink room, a bath room, and a water closet, and one room for two beds.

The fourth section of each wing is placed at right angles with the third, and is fifty feet in length. It contains four rooms in each story, besides a sink room, a bath room, and a water closet. This section, which is intended for the most violent and excited class of patients, has a corridor ten feet wide and forty-seven feet long. The sleeping rooms, each eleven feet by twelve, are all upon one side of it. These rooms differ from those in the other sections only in their greater size, and in having the windows protected by wire screens and sliding shutters. The corridor is well lighted by a large window at each end.

The whole number of rooms in the hospital which can be used as chambers for patients and their attendants, is two hundred and ten. Six of these are dormitories, capable of containing ten beds each, and six are for two beds each.

The doors and their casings, and the window sills throughout the wings, are of chestnut wood, oiled and varnished. The floors are all of maple, with the exception above mentioned, in the entrance hall and the rotunda.

There is, in each hall for patients, a water closet containing a cast-iron hopper enameled on the inside, to which the water is admitted by turning a valve with a detached key, which may always be in the possession of an attendant. The trap is sunk beneath the floor, the

cleansing valve being on a level with the floor. The hoppers and traps are of heavy cast iron, substantially made and well secured.

Each section, excepting the first, of either wing also contains, in each story, a bath room furnished with a cast-iron bath tub, into which cold and hot water are drawn. An overflow pipe to each tub prevents the danger of flooding the floors. In the basement under the first section, a large room is furnished with six bath tubs so arranged that, although in one room, six patients can bathe, under the care of an attendant, with as much privacy as if in separate rooms.

The hospital is heated by steam from one boiler-room, and ventilated by mechanical force.

Sixteen feet in the rear of the centre building is the engine house. This is of brick, two stories high, forty five feet long and forty three feet wide. In the lower story are four tubular boilers, each four feet in diameter and sixteen feet in length. These generate the steam for supplying the engine, heating the building, drying the clothing, cooking, and heating the water for washing and bathing. In a room adjoining the boilers is an engine of fifteen horse power, which drives the machinery in the wash room above, and the ventilating fan in a small adjoining building.

The fan consists of a central, horizontal shaft supporting twelve pairs of arms, which carry the floats by which the air is propelled. Its diameter is fourteen feet. The floats are three feet wide and six feet six inches long, (which is the width of the fan) and are so arranged that the whole or a part of them may be used, at pleasure.

A cast-iron pipe of three-inch calibre conveys the steam from the boilers to the basement under the rotunda. From this point a two and one-half inch pipe leaves the

main, on each side, to supply the ranges of pipe under the corresponding wing. Under the corridor of each wing, and running nearly its whole length, there is a brick hot-air chamber, four feet in width and five in height. The radiators, which are of wrought iron pipe, are suspended in these, upon iron bars. Most of the condensed water returns to a tank in the boiler room, and is used to supply the boilers.

Flues lead directly from the hot-air chamber to the corridors and rooms above. On one side of the hot-air chamber is the ventiduct for cold air. From the fan-wheel, the ventiduct, seven feet in width and six feet deep, passes beneath the basement floor as far as the centre of the building, where it divides to supply the two wings. Its dimensions are reduced, and it rises to the level of the hot-air chamber. Into the latter, the air from the ventiduct is admitted through apertures near the bottom of a dividing wall.

A current of fresh air is thus forced by the fan through these openings, across the steam pipe, into the flues leading to the rooms above.

In the halls for patients, at intervals of a few feet throughout the length of each corridor, are the openings of the warm-air flues, nine inches from the floor. Ten feet above these are openings into the ventilating flues which lead directly to the attic, from which the foul air escapes through the open windows. The apertures in the warm-air flues are covered with immovable cast iron gratings, the valves for regulating the transmission of heat being in the basement below, where the flue leaves the hot-air chamber, and, of course, entirely out of the reach of the patients. Beside the great number of flues in the corridors, every sleeping room has a heating and a ventilating flue, securing a constant circulation of air

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through the room. Aside from this general system of heating there are some local radiators in all the halls, except four. The central edifice is warmed by local radiation alone.

For water, the hospital has two sources of supply, either of which is sufficient for the purpose. One of them is the river on the easterly borders of the farm, and about two thousand feet distant from the buildings. The other is a natural spring, upon the premises, southwest of the buildings, and at a distance from them of about eighteen hundred feet.

The water is driven from the river to the attic of the hospital by a Littlefield's Forcing Pump with seven-inch steam cylinder and five-inch water cylinder. The elevation from the river to the attic is about one hundred and sixty feet.

At the other source, the water is received from the spring in a large circular reservoir, and thence conveyed to the attic, through pipes of two and one-half inch calibre, by a steam forcing-pump of Dwight's patent and manufacture. The elevation is about one hundred and thirty feet.

The receiving reservoir in the attic is a circular wooden tank, sixteen feet in diameter, in the central building. From this the water is distributed to five other tanks, two in the attic of each wing, and one in the attic of the rear building. Those in the wings are cylindrical, each twenty-four feet in length and four feet in diameter, and made of boiler iron.

In the basement under the rotunda are two tanks of boiler iron, each seven feet long and one four feet, the other five feet in diameter, each containing a coil of brass pipe through which steam is passed for heating water for bathing and washing. These tanks are supplied by a pipe

an inch and a half in diameter leading from the tank in the attic. By the pressure thus obtained the hot water is forced into the sink rooms and the bathing rooms in every story, affording a constant and abundant supply.

The waste water of the hospital, the contents of the sewers, and the water from the roofs are conducted in brick drains, underground, to the rear of the building, where they all meet in the main sewer. This is of stone, three feet eight inches by one foot six inches, with a very rapid fall. At a distance of five hundred feet from the building it terminates in a large cess-pool, in which its solid contents are collected. From this a six-inch cement pipe conducts the fluid portion about three hundred feet farther. It then enters a wooden trough resting upon elevated frames and flows to the meadow, where it is used as a fertilizer.

The second story of the engine house is fitted up as a wash room. It contains two rows of wash tubs of pine plank, placed back to back, with ample space around them on all sides. Each tub is supplied with hot and cold water, and steam. There is a washing machine of the largest size of the David Parker patent, a centrifugal hydro-extractor, by which the clothing is partially dried, and a patent mangle.

The drying room is fitted with movable frames running upon rollers. The clothing is suspended upon these, over ranges of steam pipe arranged in the ordinary manner.

The hospital is lighted throughout by gas, which is supplied by the Northampton Gas Company.

One hundred and twenty-five feet in the rear of the first section of the south wing, is the stable. It is of brick, forty-six by forty-eight feet, and two stories high. It has stalls for eight horses, and space for several carriages.

North of the stable, at the distance of one hundred and twenty-seven feet, upon a site in the rear of the first section of the north wing, and within the southern extremity of the grove, before-mentioned, is a brick building, eighty feet long by twenty feet wide and one story high, erected in 1861, and used for the game of bowls. It has two good alleys.

Almost due west of the central edifice of the hospital, and at a distance of three hundred and twenty-five feet from the engine house, are the barn and the piggery, which were erected in 1860-61. They are of wood, the barn being roofed with slate. The barn is one hundred and four feet long, fifty-six feet wide, and sixteen feet eight inches from the principal floor to the eaves. It has, on the main floor, besides the ordinary accommodations for hay, a granary, a meal room, two rooms for farming implements, and a space for carriages. Below this floor are the stable for cattle and a large room for vegetables, the latter warmed by steam from the boiler room. Beneath the stable for cattle is a cellar into which the manure is dropped.

The piggery forms an L with the barn. It is seventy feet long, with pens upon either side of a central alley, and, at its southern extremity, joins a transverse section, forty-four feet long, with pens upon one side of the alley.

Near the road which forms the southern boundary of the farm, is a neat and substantial house of two stories, built a few years before the farm was purchased by the State, and now occupied by the farmer and his family. An avenue, bordered with well-grown maple trees, leads from this house to a point near the southern extremity of the hospital.

On the bank of the river, east of the hospital and near the pump-house, there is a well constructed ice-

house of sufficient capacity to contain an abundant supply of ice for the use of the hospital throughout the year. This was built before the hospital was opened.

The government of the hospital is vested in a board of five trustees, appointed by the Governor and Council, one retiring every year.

The executive officers are, 1st, a Superintendent, who must be an educated physician; 2d, an Assistant Physician; 3d, a Treasurer; 4th, a Clerk; 5th, a Farmer; and 6th, an Engineer. They are appointed, and their salaries determined, by the Board of Trustees.

Beside these, the by-laws require six "subordinate officers,"—1st, a Male Supervisor; 2d, a Female Supervisor; 3d, a Housekeeper, 4th, a Seamstress; 5th, a Laundress; and 6th, a Baker. Practically, there are but five. The housekeeper has been dispensed with for several years, the principal duties of the office being performed by a steward.

The subordinate officers are appointed by the superintendent.

The whole number of persons, including the executive officers, now employed in the hospital is fifty-one.

For convenience in calling persons most frequently wanted, there is, above the chapel, a large gong-bell, rung by a "pull" in the dispensary. The person wanted is designated by the number of strokes upon the bell.

Religious services are regularly held, upon Sabbath afternoons. They are conducted by the pastors of the several neighboring denominational churches. On the evenings of most of the secular days there are likewise exercises of some kind, singing, reading, or lectures, in the chapel. These are attended by from one-half to two-thirds of the patients.

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The whole number of persons, including the executive officers, now employed in the hospital is fifty-one.

For convenience in calling persons most frequently wanted, there is, above the chapel, a large gong-bell, rung by a "pull" in the dispensary. The person wanted is designated by the number of strokes upon the bell.

Religious services are regularly held, upon Sabbath afternoons. They are conducted by the pastors of the several neighboring denominational churches. On the evenings of most of the secular days there are likewise exercises of some kind, singing, reading, or lectures, in the chapel. These are attended by from one-half to two-thirds of the patients.

The means for the illustration of lectures consist of a

blackboard, an electrical machine and an air-pump, with their appropriate implements, a pneumatic trough and other chemical apparatus, a magic lantern and slides, and a large number of diagrams and pictures, painted in water-colors upon cotton.

A library of more than one thousand volumes is devoted to the use of the patients. There are two billiard tables, two bowling alleys, as before mentioned, a bagatelle table, and implements for various other games, together with means and facilities for a diversity of entertainment in other forms of recreation or amusement.

When the hospital was opened the steam with which it was supplied was generated in four boilers, each twenty seven feet in length by four feet in diameter, and having two flues each, of sixteen inches calibre. For some years it was found impossible to keep all parts of the building sufficiently warm, in winter. The steam did not force itself through the long reaches of radiating coils in the air chambers most remote from the boilers. Some of the coils were shortened, and other experiments were tried in the hope of overcoming the difficulty, but without success. Hence, in the summer of 1864, the four original flue-boilers were removed and three of the tubular boilers now in use introduced. It was decided to heat the second section of either wing by local radiation alone, and radiators were consequently placed in the halls of those sections.

These alterations proved to be an improvement, but yet were not successful to the desired extent. Consequently, in the autumn of 1866, another boiler was procured and a steam pipe was run directly from the main, near the boilers, underground, to the hot-air chamber of the fourth or remotest section of the North wing.

With these additions all the success expected has been achieved. During the last two months—January and February—thermometers have been kept in all the halls for patients, and observations recorded twice daily, once at ten o'clock in the forenoon, and again at eight o'clock in the evening. The results are recorded in the first two tables. It will be perceived, first, that not one observation in the two months indicates a temperature below 60 degrees; secondly, that the *lowest average temperature* of the 10 A. M. observations in either wing, for the whole month, is *sixty-eight and one-third degrees*, and that of the evening observations *sixty-nine and two-thirds degrees*.

In the upper 3d hall, of the north wing, the mean temperature was nearly three degrees lower than in any other hall. This hall is used only in connection with the adjoining fourth hall, the patients frequenting it, at pleasure, as a place of promenade, during the day, although its sleeping rooms, except the large dormitory, which has been converted into a billiard room, are occupied at night.

The thermometers were suspended each in such position as was thought fairly to indicate the temperature of the hall. They were from six to eight feet from the floor, and hence show a somewhat higher degree of heat than that which immediately surrounded the inmates.

It was believed that at ten o'clock A. M., immediately after the hours devoted to the morning work, during which doors are more than usually open, and, in some instances, windows raised, the temperature of the halls was as low as at any period of the twenty-four hours,—certainly as low as at any time when the patients were not in their beds.

But to test the latter point, observations were taken at six o'clock in the morning on twelve consecutive days,

from the 5th to the 16th of February, inclusive. A synopsis of them is exhibited in the third table.

In the north wing the mean or average, in all the halls, was $\frac{136}{5}$, (or about one fifth) of one degree *lower* at six o'clock than at ten o'clock; in the south wing, it was $\frac{111}{5}$ (or a little more than one-half) of a degree *higher*. Hence the difference at the two hours is not sufficient to be of any practical importance.

TABLE FIRST.

Temperature, by Fahrenheit's Scale, of the twenty-four Halls for Patients in the Northampton Lunatic Hospital, in January, 1867.

TEN O'CLOCK, A. M.					EIGHT O'CLOCK, P. M.				
HALLS.	Number of Observations.	Highest in Degrees.	Lowest in Degrees.	AVERAGE.	Number of Observations.	Highest in Degrees.	Lowest in Degrees.	AVERAGE.	
Upper 1st, North,...	28	72	66	$69\frac{2}{3}$	31	74	67	$71\frac{2}{3}$	
Upper 2d, North,...	30	72	64	$67\frac{2}{3}$	28	74	65	$69\frac{2}{3}$	
Upper 3d, North,...	31	78	60	$65\frac{2}{3}$	31	70	61	$66\frac{2}{3}$	
Upper 4th, North,...	31	81	61	$69\frac{1}{3}$	31	81	62	$70\frac{1}{3}$	
Middle 1st, North,...	30	72	61	$68\frac{1}{3}$	31	73	68	$70\frac{1}{3}$	
Middle 2d, North,...	31	74	61	$69\frac{1}{3}$	31	75	67	$70\frac{1}{3}$	
Middle 3d, North,...	30	73	64	$68\frac{1}{3}$	31	74	63	69	
Middle 4th, North,...	30	75	66	$70\frac{1}{3}$	31	80	64	$71\frac{1}{3}$	
Lower 1st, North,...	31	73	60	$68\frac{2}{3}$	31	74	64	$69\frac{2}{3}$	
Lower 2d, North,...	30	70	62	$66\frac{2}{3}$	31	72	62	$66\frac{2}{3}$	
Lower 3d, North,...	30	80	66	$72\frac{1}{3}$	31	79	66	$73\frac{2}{3}$	
Lower 4th, North,...	31	82	66	$73\frac{1}{3}$	31	84	63	$74\frac{1}{3}$	
Average,				$69\frac{1}{2}$	Average,			$70\frac{1}{2}$	
Upper 1st, South,...	31	72	62	$67\frac{1}{3}$	31	72	65	$68\frac{2}{3}$	
Upper 2d, South,...	31	73	62	$68\frac{2}{3}$	31	75	61	$68\frac{2}{3}$	
Upper 3d, South,...	31	70	62	$66\frac{2}{3}$	31	70	65	$68\frac{2}{3}$	
Upper 4th, South,...	31	74	62	$67\frac{2}{3}$	31	76	63	$69\frac{2}{3}$	
Middle 1st, South,...	30	69	64	$67\frac{1}{3}$	31	72	68	$69\frac{2}{3}$	
Middle 2d, South,...	31	72	64	$68\frac{2}{3}$	31	76	64	$69\frac{1}{3}$	
Middle 3d, South,...	31	74	62	$68\frac{1}{3}$	31	74	66	$69\frac{2}{3}$	
Middle 4th, South,...	31	76	68	71	31	78	68	$72\frac{2}{3}$	
Lower 1st, South,...	31	72	62	$66\frac{2}{3}$	31	72	63	$68\frac{2}{3}$	
Lower 2d, South,...	31	78	60	66	31	78	60	$66\frac{2}{3}$	
Lower 3d, South,...	31	74	67	$72\frac{1}{3}$	31	82	68	$74\frac{1}{3}$	
Lower 4th, South,...	31	74	64	$69\frac{1}{3}$	31	75	68	$70\frac{2}{3}$	
Average,				$68\frac{1}{2}$	Average,			$69\frac{1}{2}$	

TABLE SECOND.

Temperature, by Fahrenheit's Scale, of the twenty-four Halls for Patients in the Northampton Lunatic Hospital, in February, 1867.

TEN O'CLOCK, A. M.					EIGHT O'CLOCK, P. M.				
HALLS.	Number of Observations.	Highest in Degrees.	Lowest in Degrees.	AVERAGE.	Number of Observations.	Highest in Degrees.	Lowest in Degrees.	AVERAGE.	
Upper 1st, North, ..	28	73	65	68 $\frac{2}{3}$	28	75	66	70 $\frac{1}{3}$	
Upper 2d, North, ..	28	70	64	67 $\frac{7}{8}$	28	72	63	67 $\frac{1}{2}$	
Upper 3d, North, ..	28	68	60	65 $\frac{2}{3}$	28	70	62	65 $\frac{1}{2}$	
Upper 4th, North, ..	28	83	60	72 $\frac{2}{3}$	28	77	64	70 $\frac{2}{3}$	
Middle 1st, North, ..	28	79	63	69 $\frac{1}{8}$	28	74	64	70 $\frac{4}{8}$	
Middle 2d, North, ..	28	75	63	71	28	74	67	71	
Middle 3d, North, ..	28	74	64	69 $\frac{7}{8}$	28	74	66	69 $\frac{4}{8}$	
Middle 4th, North, ..	28	73	66	69 $\frac{2}{3}$	28	72	65	69 $\frac{7}{8}$	
Lower 1st, North, ..	28	74	66	69 $\frac{1}{4}$	28	75	67	71 $\frac{1}{8}$	
Lower 2d, North, ..	28	73	63	68 $\frac{1}{8}$	28	73	65	69 $\frac{2}{8}$	
Lower 3d, North, ..	28	78	60	72 $\frac{1}{8}$	28	78	70	73 $\frac{1}{2}$	
Lower 4th, North, ..	28	82	64	71 $\frac{1}{8}$	28	86	64	71 $\frac{4}{8}$	
Average,				69 $\frac{2}{3}$	Average,			69 $\frac{2}{3}$	
Upper 1st, South, ..	28	72	63	67 $\frac{1}{8}$	28	73	65	69 $\frac{2}{8}$	
Upper 2d, South, ..	28	75	68	70 $\frac{2}{3}$	28	75	68	71 $\frac{2}{3}$	
Upper 3d, South, ..	28	70	63	67 $\frac{1}{4}$	28	72	63	68 $\frac{1}{2}$	
Upper 4th, South, ..	28	78	67	69 $\frac{1}{2}$	38	75	64	70 $\frac{3}{4}$	
Middle 1st, South, ..	28	74	65	69 $\frac{2}{8}$	28	75	66	70 $\frac{1}{8}$	
Middle 2d, South, ..	28	78	68	72	28	77	68	71 $\frac{2}{8}$	
Middle 3d, South, ..	28	78	64	71 $\frac{1}{8}$	28	75	68	70 $\frac{1}{2}$	
Middle 4th, South, ..	28	78	63	70 $\frac{6}{8}$	28	78	63	71	
Lower 1st, South, ..	28	72	66	69 $\frac{9}{8}$	28	76	67	71 $\frac{1}{2}$	
Lower 2d, South, ..	28	74	62	68 $\frac{2}{3}$	28	73	67	69 $\frac{2}{3}$	
Lower 3d, South, ..	28	79	66	73 $\frac{9}{8}$	28	78	68	74 $\frac{5}{8}$	
Lower 4th, South, ..	28	77	64	70 $\frac{2}{8}$	28	77	66	71 $\frac{1}{2}$	
Average,				69 $\frac{1}{3}$	Average,			70 $\frac{1}{3}$	

TABLE THIRD.

Temperature at Six o'clock, A. M., from the 5th to the 16th of February, inclusive.

HALLS.	Number of Observations.	Highest in Degrees.	Lowest in Degrees.	AVERAGE.	HALLS.	Number of Observations.	Highest in Degrees.	Lowest in Degrees.	AVERAGE.
Upper 1st, North...	12	73	65	69 $\frac{1}{2}$	Upper 1st, South...	12	70	64	67 $\frac{1}{2}$
Upper 2d, North...	12	71	64	67 $\frac{1}{2}$	Upper 2d, South...	12	75	68	70 $\frac{1}{2}$
Upper 3d, North...	12	68	62	65 $\frac{1}{2}$	Upper 3d, South...	12	71	64	67 $\frac{1}{2}$
Upper 4th, North...	12	80	63	72 $\frac{1}{2}$	Upper 4th, South...	12	75	63	69 $\frac{1}{2}$
Middle 1st, North...	12	70	63	67 $\frac{1}{2}$	Middle 1st, South...	12	74	66	69 $\frac{1}{2}$
Middle 2d, North...	12	74	68	69 $\frac{1}{2}$	Middle 2d, South...	12	76	70	71 $\frac{1}{2}$
Middle 3d, North...	12	72	66	68 $\frac{1}{2}$	Middle 3d, South...	12	74	68	70 $\frac{1}{2}$
Middle 4th, North...	12	75	64	69 $\frac{1}{2}$	Middle 4th, South...	12	76	67	71 $\frac{1}{2}$
Lower 1st, North...	12	72	65	69 $\frac{1}{2}$	Lower 1st, South...	12	74	68	71 $\frac{1}{2}$
Lower 2d, North...	12	73	64	68 $\frac{1}{2}$	Lower 2d, South...	12	74	67	70 $\frac{1}{2}$
Lower 3d, North...	12	79	68	73 $\frac{1}{2}$	Lower 3d, South...	12	77	71	73 $\frac{1}{2}$
Lower 4th, North...	12	79	64	72 $\frac{1}{2}$	Lower 4th, South...	12	77	69	72 $\frac{1}{2}$
Average,				69 $\frac{7}{8}$	Average,				70 $\frac{1}{2}$

ON MORAL INSANITY.*

BY DR. JULES FAURET.

II. *Pathological or Clinical.*—Does reasoning or moral insanity as to day, in France and elsewhere, admitted in mental pathology, really exist as a distinct form of mental disease, or is it only an artificial and provisional name for incongruous facts, belonging to different categories? This is the question now before us, and, in my opinion, a decisive answer is given in clinical observation, which shows us a great variety of facts confounded together under a phrase, the meaning of which is far from being clearly defined.

*Continued from page 424.

It is sufficient, in fact, to glance at the cases described under the terms moral or reasoning insanity, or *manie sans délire*, by Pinel, Fodéré, Esquirol, Marc, Prichard, etc., to convince us that they have mingled together in the same class facts very different from each other, and which, in a truly natural classification, would be separated into several distinct categories. The same mistake is apparent when we examine, in an asylum, the various patients pointed out to us as affected with this form of insanity. Finally, we receive a similar impression upon reading the numerous observations published by M. Trelat in his interesting work, *Sur la Folie Lucide*. This book, full of facts, has rendered great service to our specialty, by bringing within the reach of magistrates, philosophers and others, under an impressive form and in an easy and agreeable style, a collection of extremely valuable cases, such as are rarely brought to the notice of the public. No doubt they are not new to us, but they are far from being generally known, and it is very important to extend the knowledge of them as far as possible.

Now, M. Trelat, while bringing together in his book, these divers kinds of facts under the name of lucid insanity, and not attempting a new classification, nevertheless recognizes them as belonging to different categories, by subdividing his work into several distinct chapters, treating of maniacs, monomaniacs, idiots, etc.

All physicians, then, seem at present to agree, that reasoning insanity cannot be considered either as a species, or as a special variety, of mental disease. But what is a natural classification of the facts which have been brought together under this name? This is the question we have now to consider. Well, for my part,

I believe that we may detach certain classes from the indeterminate group of moral or reasoning insanities, even in the present stage of our science; while there are others, on the contrary, the discovery of which yet remains to be made. Let me point out then, as briefly as possible, the several categories of facts which appear to me at this time susceptible of a distinct and separate description.

1. The first of these is that to which I shall give the name of maniacal exaltation; to distinguish it, at the same time, from mania proper, and from those cases of moral insanity ranked by Esquirol and several of his followers under the head of reasoning monomania. The essential characteristic of this mental condition is, an over-excitement of all the faculties; the activity of the sensibilities, the intellect, and the will being exaggerated and unhealthy, and disorder appearing in the actions, but without marked lesion of the understanding, and without incoherence of language. These patients, in fact, when examined superficially, do not appear to be insane. Their language seems connected and reasonable. They surprise us by the profusion and activity of their ideas, by their resources of thought and imagination; but we are equally struck by the violence of their feelings and impulses, as well as by the disorder and strangeness of their actions.

These patients are continually in motion, their physical activity corresponding to their moral and intellectual excitement. They sleep little, and rise in the night to wander about. They undertake extraordinary things, such as long walks and journeys. Their mind is as if in a ferment, and conceives a thousand enterprises, a thousand projects, which are as soon abandoned as conceived.

Their ideas crowd each other, and from this rapid production of thoughts there naturally results a certain disorder which is not the incoherence of mania, but still presents a succession of ideas more irregular than in the normal condition.

With the other faculties, the memory is also excited. The mind is thronged with impressions formerly received, and the patient himself is astonished at the ease with which he can recall the minutest detail of unimportant facts that he had supposed to have been long since forgotten. These patients call up long passages from classic authors, learned in their childhood, only a small portion of which they could have recollected before their attack. They compose speeches and poetry. They speak and write incessantly, and often with a command of words and a happiness of expression which they did not possess when in a state of sanity. Their talk is without intermission, and their stories almost endless. At the same time, they commit the most strange and eccentric acts. If they are at liberty they pass their time in making visits, spending whole hours at the houses of their relatives or friends, or even of those with whom they are hardly acquainted; intruding upon them without restraint, and without regard to propriety or to the customs of society.

Under the exaltation which controls them they become rash and forward, often rude and insolent even. They take liberties and familiarities with those about them such as they had never done before. Nothing shocks or is revolting to them in their own conduct or bearing towards others; and, on the other hand, they are easily hurt by the simplest remark addressed to them. They expect others to submit to everything from them, but

can bear nothing themselves. They are, in a word, susceptible, irritable, choleric, given to disputes and discussions, and even to quarrels, upon the slightest excuse. Their feelings and instincts are thus completely changed, while, at the same time, their intellect is more active. They are malicious, difficult to get along with, teasing, given to tricks and even to serious mischief. These new features of their character appear in their language; they are sarcastic, and their repartees, though often witty and brilliant, are usually offensive. They have a keen sense of the ridiculous, quickly detect the faults or peculiarities of their associates, and comment upon them in a manner to give the greatest pain. They invent stories and falsehoods without number. They treasure up everything they hear, and, passing dextrously from scandal to calumny, they paint those with whom they live in the most false and repulsive colors, giving to their mendacious or singularly travestied accounts all the appearance of truth. Thus they spread disorder and feuds around them, and render all social life in their neighborhood impossible. It is necessary to have lived with one of these patients to form a just idea of the diabolical stories they are capable of inventing, and of the trouble and domestic warfare which they can create. To sum up, their feelings and instincts are entirely transformed by disease. From being gentle and kindly they become

* violent, passionate, vicious, jealous and vindictive, and are often given to falsehood, theft, and cynicism of words and actions. They acquire, in short, faults and vices which were not in their original nature, and which render life in common with them impossible.

Such is, in brief, a picture of maniacal exaltation. Fixed delusions are sometimes associated with it, but it

is generally found to exist alone. This mental condition forms one of the most common varieties of what has been called moral or reasoning insanity. Several cases of it are present in every asylum for the insane, but it is much more common outside of asylums. Of all the varieties comprised under the generic name of moral insanity, it is the one best known and described. But what is most important to know, and which best completes the description, and is best fitted to convince the incredulous of the truly pathological nature of these changes in the character and morals, is the capital fact, learned of late by studying the development of this mental condition, that it is generally, and we may almost say always, only one phase of a more complex form of mental disease, *folie à double forme*, or circular insanity. In fact, we nearly always find in these cases of maniacal exaltation considered as examples of moral insanity, that, after continuing a longer or shorter time in this mental state,—sometimes even for years—these patients, who are the despair of their relatives, a pest to their neighborhood and frequently also to the asylums in which they have been placed, who have been the cause of lawsuits, of the ruin of families, broken friendships, separations between husband and wife, shameful scandals which have at last to be brought before the courts,—these patients, I say, after having thus made themselves, their families and society a scene of disorder, pass, either suddenly or by degrees, into a precisely opposite condition. They become melancholy and dejected. They seclude themselves in their houses, abandon all occupation, and become, in a word, as inert and indolent as they were before active and restless. This state of things endures for some time; usually longer than the period of exaltation which pre-

ceded it. It may even reach a condition of semi-stupor. Finally, however, another period of maniacal exaltation, similar to the first, begins; thus completing the morbid circle, through which the unhappy patient is compelled to pass again and again, usually until relieved by death.

Well; thus to have connected clinically this state of simple maniacal exaltation, considered by some a form of moral insanity, with a form of mental disease better known and defined, and whose pathology is not disputed, is to have made a real progress in mental pathology, and particularly in the scientific study of reasoning insanity. Instead of merely denoting these facts after the psychological method, we class them with a species of insanity previously well known, and in which a particular case may be easily placed with analogous ones described before. Now it is by continuing thus to substitute the clinical for the psychological method, that we shall be able to pursue the study of reasoning and other forms of insanity in a truly scientific manner.

2. Another condition which ought also to be described separately, and which is often confounded under the generic name of moral insanity, is the period of exaltation which often precedes for several years an attack of general paralysis, especially its expansive form. This prodromic period has already been carefully studied by several writers, in particular by Dr. Brierre de Boismont,* and it merits, in the highest degree, the attention of observers, both from a nosological and medico-legal point of view.

Certain persons predisposed from their infancy to general paralysis present, in fact, for many years, the special

* *Annales d'hygiène et de médecine légale*, t. xiv, 2^e série, p. 405, 1860.

symptoms of this prodromic period. In others, on the contrary, they appear only a few years, or even months, before the outbreak of this special form of insanity. These future paralytics usually lead a vagabond, adventurous and restless life. They manifest an immoderate activity, both of mind and body, which shows itself not only in their language and writings, but above all in their conduct. They very often undertake great affairs, and frequently also engage in several different kinds of business. They form various plans, which they endeavor to carry out at once, and abandon after a short time for new undertakings.

These patients nearly always evince an extraordinary exaltation of all the mental powers. Their feelings present at different times the greatest contrasts. Generally mild and friendly by nature, they are subject to paroxysms of irritability, of anger, and even of violence, the very opposite of their habitual goodness. A mere trifle irritates or annoys them. Those with whom they live habitually consider them as whimsical and difficult to deal with. On the contrary, strangers who see them for a moment only, and do not witness their behavior at home, give them credit for goodness and easiness of disposition. Sometimes, however, they unguardedly allow themselves to come under public notice. They break out in unexpected and ridiculous language, quarrel with the first comer on absurd grounds, give a blow and become engaged in a duel; manifesting, in a word, a susceptibility altogether morbid, under circumstances so trifling as not to have been noticed by any one else, or by themselves when in their normal condition. These patients present the greatest difference in their feelings under different circumstances. They are unmoved at

the most grave and important event, such as the death of some one dear to them, and, on the other hand, are moved to tears by the merest trifles. Their sensibilities are excited in an instant, rise quickly to the highest pitch of sadness or gaiety, and change with extreme rapidity from love to hate, from sympathy to antipathy. But this sudden explosion of melancholy or of mirth has no depth, and lasts but a short time, to be succeeded by an entirely opposite feeling, or by a state of indifference. Thus they pass rapidly from manifestations of extreme joy to feelings which call forth their tears, or to violent paroxysms of anger, in which they destroy whatever happens to be nearest them, utter loud cries, and throw themselves to the ground. These outbursts are analogous to those of certain children, of epileptics and of some hysterical women; but they are soon over, and once passed they are as quickly forgotten as they were excited, scarcely any traces of them remaining in the mind.

The intelligence of these paralytics is at first augmented with the feelings. They acquire aptitudes which no one had discovered in them before, and which they themselves did not know they possessed. Their excited memory brings up vividly recollections of their childhood, as also recent events and their own mental operations. They conceive complex ideas more easily than before. Their intellect, at the same time more active and fruitful, is a perfect hot-bed of ideas, of which some are absurd, but others possibly useful and practical. Patients have even been known, in this state of pathological excitement, to invent new processes or new combinations; to become distinguished, indeed, in the special field to which they have devoted themselves, by inventions and a clever-

ness far beyond their capacity in health. In trade, for example, we have not seldom seen persons of this class, in this prodromic stage of general paralysis, prosperous even to making fortunes by hazardous speculations or rash undertakings, which a sane man in their place would not have dared to enter upon. Their imagination is full of the most various ideas. Numerous purchases, distant voyages, marriage projects, great enterprises throng their minds, and remain as objects of desire merely, or impel to action ; for, at this period of the disease, these schemes, although often extravagant, and out of all proportion with the circumstances of the patient, are nevertheless in the sphere of things possible and practicable. But to complete this picture, it is necessary to add that in the midst of this great activity and even fecundity of the intellect, the attentive observer will already begin to detect some momentary absences of memory or intelligence, real gaps in their conceptions ; in a word, unmistakable signs of commencing dementia, which are pathognomonic of this kind of insanity, even in its earliest stages.

The will is ordinarily active and encroaching. Such patients pass rapidly from volition to action. They are disposed to carry out their plans at once, and if no obstacles are interposed the desired end is quickly reached ; but perseverance is wanting to this activity, and if time is necessary for the realization of an idea they soon abandon it and take up another. So, in spite of their self-confidence, their blusterings and even menaces, they are generally of feeble character, and as easily led as children, especially when not opposed directly. Those who know them can ordinarily overcome

their will, even in matters on which they appear most determined.

This radical feebleness of will, together with a strong desire to realize at once the ideas they have conceived, is manifest in all their actions and conduct. They have an immoderate physical activity, corresponding with the rapid flow of their thoughts. They cannot stay long in one place, nor confine themselves to any sedentary occupation, and are the victims of a feverish need of movement. They go and come, to give orders or superintend their execution; engage at the same time in several different kinds of labor, which they press boldly forward; write letters, pay visits, change their residence, send away their servants; go abroad to dine, or to the theatre, or to evening parties; give invitations, start upon voyages, mingle in the affairs of others at the same time as their own; become exigent, imperious and despotic toward their inferiors, and force them to do things disagreeable to them, or to a manner of living with which they are not suited. As for themselves, their mode of life is entirely changed. They abandon their regular life for a vagabond and chance existence. They no longer return home at the accustomed hour, but are absent for several days even, and go into bad company. From being careful of their means they become lavish, and are ranked as spendthrifts. They cannot bear reproach or contradiction, abuse those who address any observations to them, and from manifestations of annoyance and anger they pass even to violence. They labor with the greatest energy without feeling fatigue, taking no pleasure in anything else, and give themselves up to excesses to which they have not been accustomed, and which previously they could not have borne. Being

conscious of their increased physical and mental powers, and full of the pleasurable feeling which results from this, they take delight in their superiority, and boast of it to those about them. Thus, from being reserved, modest and circumspect, they become vain and proud. They declare that they never felt so well before, and over-estimate their physical and moral endowments. They even believe that they have acquired new powers, and think themselves singers, poets or musicians; without, however, as yet passing beyond the domain of the possible, and entering upon the imaginary world into which their disease will at length bring them.

To complete this picture of the mental exaltation which ushers in general paralysis, it is important to add that the acts of these patients are often strange, fanciful, contrary to all former habits, and may even amount to legal offences or so-called criminal acts.

Their moral sentiments being perverted, and having no longer anything to control them, they abandon themselves without reserve to all their impulses, and pay no regard to custom, nor decency, nor the forms of society. They unfasten or lay off their clothing in public, are negligent in their dress, and unrestrained in their talk. Often their language is gross and improper. They swear, and use vulgar words to which they have not been accustomed. They treat their wives and children badly, sometimes even brutally, and openly commit erotic and obscene acts, for which they are brought before the courts. In fact, at this period of the disease the sexual feeling is excessive in both sexes. If in business, they are apt to become dishonest. They commit forgery or robbery, for which they may be arrested before any public act has as yet betrayed a morbid change in their

feelings and impulses, and even when it has hardly been noticed by their friends. If they belong to the lower classes of society, the same morbid tendency to criminal acts is developed in other ways. We often see, in fact, persons in this prodromic stage arrested for public acts of obscenity, or for thefts committed without premeditation or attempt at concealment before a shop or storehouse. Sometimes, also, they are taken in charge as vagabonds, or as disturbers of public order. It is nearly always for acts of this kind that, in Paris especially, patients in the first stages of general paralysis are arrested, and often they have already presented, for a long time, the symptoms which usher in that prodromic period whose main features I have just sketched.

3. A third class of facts frequently included under the name of moral or reasoning insanity is that which may properly be described as hysterical insanity. We may no doubt question whether there really exists a variety of mental disease specially requiring this name. M. Morel and his pupils (MM. Bulart and Lachaux) giving, in my opinion, too wide a meaning to this phrase, have included under it very different conditions, and have made it nearly synonymous with insanity in women in general. I think, however, that it is possible to avoid this error, and, through clinical observation, to recognize the existence of special symptoms, intellectual and moral, in connection with the hysterical neurosis, as M. Moreau (de Tours) has recently sought to prove in his papers in the *Union Médicale*, and as M. Morel and myself have already undertaken in respect to the mental troubles connected with epilepsy. This will be, in my opinion, a real gain to mental pathology, and particularly to the subject of

moral insanity; for true hysterical insanity forms one of the most common varieties of that disease.

For the clinical study of this variety of mental disorder, we must begin by distinguishing clearly what may be called hysterical in hysterical insanity properly so called.

All physicians who have seen many women affected with hysteria, and all who have had the misfortune to live under the same roof with them, very well know that they have, in character and intellect, a peculiar moral physiognomy, by which their disease may be detected even before the physical symptoms are observed. But, most physicians who are not alienists see in these anomalies of feeling and intelligence in hysterical women nothing more than eccentricities compatible with a state of health in women in general, and as they have not had the opportunity of observing extreme cases, in which these changes of character reach the point of a true alienation, they are generally disposed to dispute the reality of an hysterical insanity. The better to comprehend the symptoms of this species of mental disease, it will be proper to run over, rapidly, the signs which characterize the greater part of the hysterical class, because they represent, in miniature, the chief features of fully developed hysterical insanity.

The first characteristic mark of the hysterical is the great mobility of all their psychical states. They pass alternately, and at very short intervals, from excitement to depression, from a burst of laughter to a flood of tears. They pursue with heat and passion an individual or an object, which they seek to possess at any price. There is no effort or sacrifice they will not make to attain their end, and when they have succeeded—sometimes

even before—they pass suddenly from one extreme to the other. Their love is changed into hate, their sympathy into antipathy, their desire into repugnance, and they then show as much energy in flying, avoiding or repelling the object of their pursuit as they had before in seeking it. Thus they are fantastic and capricious in everything, and exhibit an extreme inconstancy of feelings and ideas.

This class present the most astonishing contrasts in their sensibilities. They exhibit no emotion under circumstances which arouse in others the most powerful feelings of the soul. They are unmoved by the severest afflictions, and, on the other hand, the slightest opposition is sufficient to bring on one of their nervous seizures. This magical word, contrariety, which has not its like in the vocabulary of human feeling, and on which they constantly dwell, sums up in a single word the emotional life of the hysterical, and is the motive of all their actions. They are always complaining of being opposed, and show the most violent feeling against the persons and circumstances to which they attribute this opposition. There are no labors or sacrifices for which they are not ready in order to avoid this evil, which is for them worse than all others; and the fear of being thwarted is so powerful with them that it paralyzes their best intentions, and hinders them from performing the most useful actions and the most pressing duties.

Another equally important characteristic of this class, is the spirit of contradiction and controversy. To ask any favor whatever of them is enough to provoke an immediate refusal. They will yield nothing in words or actions, and neither prayers nor punishment can move them in the least degree. Obstinacy and passive resist-

ance is, then, a truly morbid element in them. No appeal to their reason or feelings can overcome this negative resistance, the firmness of which presents a singular contrast with the usual mobility of their emotions and ideas.

Another prominent characteristic of the hysterical is duplicity and falsehood. They are real actors. There is for them no greater pleasure than to deceive, and to lead into all sorts of error those with whom they have to do. Exaggerating even in their convulsive movements; (which are often in part simulated,) they also travesty and heighten all their feelings, ideas and actions. They constantly affect feelings which they have not; they represent pain as pleasure, love as hate. They pretend to the most lively sympathy for persons whom they cordially detest, and whom they will injure in every way. They love to meditate projects of vengeance, infamous schemes, infernal plots, calumnies which shall ruin the reputation of those upon whom they, at the same time, lavish tokens of the warmest affection. They invent numberless deceptions and falsehoods. They compose romances, in which truth and fable are often mingled with the greatest art almost inextricably, and in a way to deceive the most sagacious. In a word, the life of the hysterical is a perpetual lie. They give themselves airs of piety and devotion, and pass for saints, when in private they are guilty of the most shameful actions. They excite the most stormy domestic scenes, using gross and even obscene language to their husbands and children, and giving themselves up to disorderly behavior; to resume afterwards, in public, their pretences of reserve, modesty and propriety.

A last feature, equally characteristic and peculiar to

the hysterical, is the rapid and even instantaneous production of their ideas, impulses and actions. They do not brood long over a project. Their ideas are not ripened slowly, but have a sudden development; appearing and disappearing suddenly, like the shifting of a scene. A conception enters their minds, fixes itself there for a moment, and vanishes as promptly as it came. It is like a parasitic plant laid on the surface of the mind, which cannot take root and flourish there because the soil has not been prepared for its reception. So it is taken rudely away by the first breath of wind, to give place to another notion which, in its turn, is as quickly displaced. It is the same with their acts. These subjects abandon themselves to impulses which arise spontaneously in their minds, without known cause or previous reflection. Under the influence of these motiveless impulses, which they do not even think of resisting, they pass at once to acts, unless a powerful motive comes suddenly to withhold them at the very moment of volition. For these impulses, although imperious and giving pleasure by their satisfaction, their subjects may either give themselves up to or resist, as they choose. Thus, for example, they often have feelings of impatience, a sudden disposition to ill humor and anger. Then, by words and actions, they work themselves into a passion against those who are present; use abusive or vulgar words, proceed instantly to violent and usually noisy actions, stamp on the floor, upset the furniture or any object whatever that is nearest them, tear their handkerchief or dress, strike or spit in the face of some one, throw about or break all that they can lay their hands on, utter piercing cries, fall headlong and roll over and

over,—in a word, endeavor to tear, break and destroy everything within reach.

Finally, these subjects of hysteria are usually romantic and dreamy; disposed to indulge their fancies rather than to think of the wants and duties of real life. Frequently, also, they have marked erotic tendencies, although this trait has been much exaggerated in describing them. They are more apt to be vain and coquettish than really ardent and passionate.

Such are the chief intellectual and moral phenomena commonly observed in women who present all the physical signs of hysteria, who are really the subjects of this complex neurosis, and not merely present some one of its symptoms.

While these psychical manifestations are restrained within the limits just described,—that is, within the bounds of normal character—we ought, no doubt, to connect them with a pathological state, the hysterical neurosis, but we cannot, without exaggeration, consider them as constituting a real form of insanity, leading to civil and criminal irresponsibility, and confinement in an insane asylum. We have here a nervous disorder, not a form of mental disease. There may well be found in this neurosis and the changes of character which result from it something to lessen the guilt of certain acts done under its influence, but it affords no valid ground for complete exoneration.

But between this in some sort normal character of hysterical women and true hysterical mania, with general delirium, decided lesion of the intellect, and extreme disorder of the acts, constituting a real maniacal paroxysm, such as we see in asylums for the insane, there is a third mental condition, equally connected with

hysteria, which we may provisionally term reasoning insanity of the hysterical, and which partakes of the symptoms of both the others. This mental state is to hysteria, what the mental trouble I have termed intellectual *petit mal* is to epilepsy; an intermediate state between the habitual character of epileptics, in the intervals of their attacks, and the severe paroxysms of epileptic mania with fury.

The patients affected with this reasoning insanity of the hysterical present, in their moral and intellectual faculties and in their conduct, most of the characteristics which I have named as belonging to hysterical women; yet these signs have become so marked and so alarming, the feelings have taken on a character so evidently morbid, the ideas have become so absurd and the actions so violent and unreasonable, that, taken together, they can no longer be deemed compatible with reason, but constitute, from their number and intensity, a true mental disease. The manifestations of this disease are often very difficult to apprehend. It is not always possible for the public to appreciate them, and they may even be denied by the multitude. Unhappily they are not very apparent except at the home of the patient, and to her most intimate acquaintances. It is necessary to have heard the private history of these women from their husbands to form an adequate idea of the life they have led, of the absurd ideas which have sprung up in their minds, the monstrous nature of their feelings, and the horrible acts they can commit, while yet, in public, they preserve the appearance of sanity, and seem so reserved, mild, and well disposed as completely to deceive the most skilful observers.

All the passions are over-excited, either successively

or together, in these patients. They feel an overpowering desire to satisfy them, and stop at nothing to accomplish their end. Some, governed by erotic ideas or impulses, and not finding their husbands able to gratify them, become seducers, and nothing can prevent their giving themselves up to the first man whom they encounter. Often, in spite of their education and social position, they reach by degrees the lowest depths of moral degradation, and hesitate at no form of debauchery. Others, possessed by an entirely unreasonable jealousy of their husbands, for which no pretext even has been afforded, pursue them incessantly with their inquiries, their mistrust and suspicion, and embitter their existence with domestic scenes of the greatest violence, or by a tyranny of watchfulness which takes away from them all liberty of action. Passing, afterwards, from a constant surveillance to menaces and acts of violence, they sometimes end by making the public witnesses of these domestic troubles. Still a third class are content to tyrannize over their husbands at home, and contrive against them, or it may be against strangers, schemes of vengeance, to the carrying out of which they devote all the resources of a heightened intelligence, and the persistent energy of a will which nothing can divert.

If our study of these patients is confined to their mental characteristics,—if we look alone at the exaltation of the feelings and impulses,—we shall see only an exaggeration of natural human passions, and shall be compelled to believe that these are simply cases of jealous, vicious and passionate women. They will appear to us as revolting, monstrous or criminal beings, and not as patients. It is impossible, in fact, to base disease upon a simple difference of degree, especially when we possess

no certain means of measuring human passions, and are able to draw no precise limit between that degree of exaltation of the feelings and instincts compatible with health, and that which we should regard as pathological. But it is just here that the criterion I have indicated will serve us to distinguish, in these difficult cases of perversion of character in the hysterical, the physiological class of facts from those which really belong to the domain of insanity. In the hysterical insane, independently of the depraved feelings and tendencies to violence, excited even to delirium, and reaching a degree of intensity beyond the limits of a normal condition, we may discover by careful scrutiny other morbid symptoms, in the sphere of the intelligence, the will and the actions; and these will serve to complete the proof of disease, and to show beyond doubt, what the exclusive examination of the feelings or the instincts only permitted us to suspect. By the side of these over-excited passions, the violence of which had alone attracted our attention, and the morbid character of which might be doubted, we find, in this class of hysterical women, extraordinary and often absurd ideas, strange desires, depraved tastes, perverted instincts, at which the patients themselves sometimes feel shame or disgust, and which are contrary to all their previous experience. We also discover eccentric, unusual and revolting actions. For example, these patients drink their urine, eat dirt, take off their clothing or refuse to dress themselves at home, neglect their toilet, will not bathe, are disgustingly filthy, and become either sordidly avaricious or senselessly extravagant. Some, as the patient of whom M. Trelat speaks, (in his work on lucid insanity,) collect in little parcels the most disgusting

matters, or devote themselves in private to other acts equally strange and ridiculous, and for which no rational motive can be found. Moreover, these patients often conceive, suddenly, strange or supremely absurd ideas, which arise spontaneously in their minds, and fix themselves there, temporarily, with the greatest tenacity. They sometimes appreciate the morbid nature of these ideas, even while they cannot help believing in them. Thus they wish to conceal them, and avow them only by chance in an unguarded moment, because they are ashamed of them, and are without power to resist or expel them.

In a word, by persevering search the careful observer will discover in these patients an ensemble of morbid symptoms, physical and moral, which will enable him to place his diagnosis upon a solid basis, and carry conviction to all that these hysterical women are really insane, spite of the appearance of reason which they present to the world, and although this insanity may not have many and incontestable proofs outside of a limited circle, as the family, or even the patient herself.

4. There is a variety of melancholia which, in order to distinguish it from similar states, I shall term moral hypochondria with consciousness of disease, and which, also, is often classified as reasoning insanity, the change in the feelings and involuntary impulses being more marked than disorder of the intellect.

These patients present at first the essential signs of melancholia. There is a vague feeling of anxiety, a general disposition to view everything in its worst light, both in the world and themselves, and great physical and mental prostration. Nothing has any beauty or attraction for them, and life itself is often a burden. They are in

respect to their moral, what hypochondriacs are to their bodily feelings. With a perfect consciousness of their condition, they lament and are alarmed by it, and even exaggerate its symptoms. They feel that everything in them and in the world is changed, and mourn because they cannot see things through the same medium as formerly. They are ashamed, or even have a horror of themselves, and despair at the thought that they shall never regain their lost faculties. Believing themselves incurable, they mourn their enfeebled intellect, their extinguished feelings and lost energy. They are afraid of becoming fully insane, and of falling into dementia or idiocy. Insensible and indifferent to everything, they insist that they have no longer any heart, no affection for their relatives and friends, not even for their children. They feel no emotion at the death of their kindred or of their best friends. They can no longer weep, they say, and feel nothing but their own misery. Profoundly selfish, they abuse the goodness of those around them, and deplore their egoism while it is impossible for them to overcome it.

Volition is enfeebled in them in the same degree as the sensibilities are deadened. They will to do, and they will not to do. They feel impelled to act, but they cannot decide upon anything. They are, in a word, without initiative and without energy, and usually sit motionless from lack of sufficient motives for action.

Their intellect is not so much disordered as in those melancholiacs who have, with the same feelings of depression, delusions of ruin, guiltiness, damnation, humility or persecution. They have, to be sure, the fear of doing wrong, the dread of death and of insanity; but their mental state is not especially characterized by ab-

erration of ideas. They present merely a vagueness and confusion and a certain slowness of thought. They speak of a great void in their intellect, which has lost its activity in regard to things foreign to their own persons, or their moral condition. They cannot read, or occupy themselves intellectually in any way. The least effort, such as conversation or writing a letter, has become difficult. Absorbed and distracted, they can only repeat, mentally or aloud, the same mournful thoughts, speaking only of themselves, and scarcely noticing what goes on in the outside world.

But the special characteristics of this mental state are found in the sphere of the feelings. Under the control of a vague fear, these patients are filled with involuntary emotions and instinctive terrors, by night and day. It seems as if some great evil were about to befall them; that they and their families are threatened with some dreadful catastrophe, or some critical event in their lives. In fine, they are impelled to do or say some wrong thing, to choose abusive or obscene words, or even to injure themselves, as by leaping from a window or into a river. There is then observed in these melancholiacs a very singular psychological fact, which has, however, its analogue in the normal mind. This consists in the feeling of being at the same time drawn to, and repelled from an action, such as we feel when near the edge of a precipice, or when on some great height. It is, in truth, a law of the human mind that unlike things attract each other, as well as like things. From the very fact that these patients fear being impelled to do evil in spite of themselves, and that they dwell constantly on their fears, they are really invincibly drawn to it.

The same thing often happens in the healthy mind.

The more we try to banish a thought, the more powerfully it takes possession of the mind. The more we endeavor to suppress a natural feeling or impulse, the stronger it tends to become. Thus, erotic ideas persecute those especially who wish to lose themselves in religious contemplation, and this happens in moments of the devoutest feeling. So, also, grotesque and ridiculous ideas present themselves to the mind in the most serious occasions of life. Now, these melancholiacs have involuntary impulses to commit suicide, homicide and other violent acts, or to utter improper words, and these impulses come at a time when they are least expected. For example, at the sight of a knife or other instrument, they feel at the same time the fear of being impelled to use it, and a strong desire to seize it, and direct it against themselves or those most dear to them. So, fearing lest they should yield to the temptation, they urgently ask for the instrument to be taken away or to be held fast themselves, that they may be prevented from doing what they dread. A similar impulse is felt at the sight of an open window, or a stream near at hand. The fear which some persons have when shaving, that they shall be impelled to cut their throats, is also of this kind.

These morbid conditions are no doubt present in numerous degrees, and in many respects resemble common melancholia; but the difference is sufficiently marked to merit a separate description, as a distinct variety. Moreover, they exhibit such an appearance of reason that the patients are often considered as affected with reasoning insanity rather than melancholia, or perhaps it is doubted whether they are insane at all.

Finally, to bring this hasty description to a close, let me say that this disease is usually intermittent, several

paroxysms commonly occurring during the life of the patient; that it is frequently hereditary, and connected with other forms of nervous disorder; and that it is almost always associated with physical symptoms, such as anæsthesia or hyperæsthesia, painful sensations in divers parts of the body, signs of hysteria or hypochondria, precordial anxiety, (a nearly constant symptom,) feelings of emptiness or pressure of the head, palpitations, malaise and general anxiety, and a constant tendency to move from place to place. These are the physical symptoms usually associated with feelings of anguish or despair, and they disappear suddenly, as if by enchantment, at the close of the paroxysm.

5. Besides the variety of partial insanity just described, there is still another, having several important points in common with it, but distinguished from it in many ways, and equally deserving to be detached from the too large group comprised under the name of reasoning insanity.

In the want of a better term, permit me to refer to its most striking feature, the mental characteristic most common to its subjects, and call it partial alienation with predominance of fear of contact with external objects. This variety of mental disease is not related to melancholia, but to the active and expansive type of partial delirium. Esquirol has reported a very interesting case of it in his *Traité des maladies mentales*, under the name of reasoning monomania, and the example includes in itself most of the characteristics of this variety.

To describe it, we ought to distinguish the fundamental psychical tendency, common to all these patients, from the predominant ideas and acts resulting from them, which may differ in different cases.

The real basis of the disease consists, especially, in a

general tendency of the intellect to dwell unceasingly upon the same ideas or actions; to repeat the same words, or do the same things, without ever being satisfied, or yielding to the force of evidence. These patients are perpetually in a state of mental hesitation, and are unable to cease this incessant labor of the mind turned upon itself, and never reaching a definite result. In view of this, my father proposed for this mental disease the name of *maladie du doute*, to denote, under its most general form, the principal psychological fact upon which it rests.

The delusive ideas which engross these patients vary much with the persons, the circumstances under which they have lived, and the exciting causes of their morbid condition; but when a certain set of notions has once become fixed in the mind, it remains dominant for months, or even for years, and the intellectual operations, gathered around these main ideas and their offshoots, multiply delusion by delusion, and lead to thoughts and actions very similar to those of a different class of patients, spite of the diversity in the predominant insane ideas.

Thus, some of these patients, tormented by religious scruples, reproach themselves without limit because of ideas which arise spontaneously in their minds, or for their most trifling acts, and pass the whole time in repeating to themselves, mentally, these reproaches. Some are constantly occupied in banishing certain ideas from their minds, or in retaining others which threaten to escape from memory. Another, and the largest class, are perpetually in fear of touching objects external to them with their hands, their persons, or even with their clothing; sometimes because they think these objects

filthy or poisonous, and sometimes, as in the patient of Esquirol, because there is something of value connected with them, which they may be charged with abstracting. Lastly, there are some who are afraid of dogs, and especially of mad dogs. These patients are so completely under the influence of these various fears, which continue day and night, that all the details of their lives are affected in the most painful manner. It is with the utmost difficulty they can live in common with their friends, or perform actions necessary to their existence from one moment to another. Thus, it takes them a long time to make their toilet, or to sit down to the table, and they are afraid even to carry the food to their mouths. They will not walk, from the fear of pressing the earth too heavily with their feet. They avoid their neighbors, so as not to be obliged to shake hands with them, or touch their clothing. They shun, in a word, all contact with external objects. They will not touch the latch of a door to open it, except with a handkerchief, or the skirt of their coat or dress; for it is these metallic objects to the contact of which they have the most repugnance.

Any one not in the confidence of these patients can have no idea of the multiplicity of fears to which their diseased imagination gives birth at every moment, and the various conclusions which they base upon the most trifling facts of their daily life. If they have involuntarily touched any object with their hands or clothing (which must very often happen, spite of their precautions,) they feel obliged to lay aside the article of clothing, never to put it on again, or to wash their hands; and thus they pass a great part of their time in these repeated washings. From such things come new doubts,

new perplexities, and new hesitation in the performance of all the acts of life. They talk to themselves constantly, either by moving their lips or only in mental acts, and repeat to themselves the same words or ideas, to convince themselves that the objects touched are not filthy, or that their ablutions have been sufficiently thorough. Not satisfied with talking to themselves, they wish to repeat to those who live with them the same words or parts of phrases; because the reiterated assurances of others seem of more value than their own affirmation.

These patients are perfectly conscious of their condition. They recognize the absurdity of their fears, and seek to shake them off; but they are unable to do so, and, in spite of themselves, are forced to entertain the same ideas, and perform the same actions. Until the disease has become chronic or reached its last stages, they may perhaps retain in public the appearance of sanity, and, if they do not expose themselves, no one will suspect that there is going on within them a double mental process; an external one which is manifested, and an internal one known only to its subject. This requires an excessive expenditure of nervous and mental force, and causes the most painful feelings; and yet, either from the stimulus of disease, or as the effect of slowly acquired habit, the nervous system at length adapts itself to this waste of power, and the patients often remain for months, and even for years, in this condition without their bodily health being seriously affected, or their intellects greatly weakened. It is remarkable, indeed, that this mental state, which is often continued during life, with irregular though at times strongly marked exacerbations and remissions, never ends in a true dementia.

This variety of mental disease occurs more frequently than may be supposed. It is oftener seen in general practice than in insane asylums, where such patients are rarely sent.

It is not seldom a sequence of some severe bodily illness, as typhoid fever or cholera, and in many cases it takes its rise in the critical changes of puberty. The patient himself is generally able to fix the period of its commencement. Sometimes, indeed, a physician is called to treat it. The exciting cause is often some special circumstance which imprints its peculiar character upon the disease, furnishing usually the predominant idea. This affection is more common among women, but is also observed in men. It is generally connected with the constitution of the individual, and is hereditary or at least congenital. Finally, it is usually associated with physical symptoms, and in particular with those of hysteria and hypochondria.

I have dwelt somewhat at length upon the varieties of reasoning insanity, which seemed to call for a concise description, because, in my opinion, their clinical study is more important than anything else to the progress of this branch of mental pathology.

To complete this work, we have to separate from the great and ill-defined class of reasoning insanity still other categories of facts, less known and less studied at present. But the length of this discourse, already too great, forbids me to enter upon this part of our task. Let me conclude, then, by specifying as susceptible of distinct description, the following mental conditions: First, certain manias of persecution, slowly developed, and with a limited range of delusions, which are concealed by the patient. These may be mistaken for a

simple delirium, without predominating ideas. Second, simple maniacal exaltation; not that followed by a period of melancholy, which is the mark of true reasoning insanity, without complication, and which deserves special study. Third, the mental troubles especially connected with hereditary influence. Dr. Morel has, more than any one else, and with a proper estimate of their importance, lately directed attention to these. Fourth, momentary paroxysms of insanity, without disorder of the intellect; during these, the patients commit homicide, suicide, and other acts of extreme violence, while in their language they seem almost or altogether rational. This condition is frequently observed; for example, in the intellectual *petit mal* of epilepsy, and even sometimes in connection with the *grand mal*. But I must content myself at present with the mention merely of these varieties, which merit the careful attention of observers. The clinical examination which has just been made will, I hope, be sufficient for its purpose; which is, to show that reasoning insanity, as it is at present understood, includes many different varieties of mental disorder, which ought to be carefully separated in order to a truly natural classification.

IMBECILITY AND HOMICIDE: CASE OF GREGOR McGREGOR.

Gregor McGregor, indicted for the murder of his brother, Hugh McGregor, on the 20th of June, 1866, was brought up for trial in the Court of Oyer and Terminer, at Geneseo, Livingston county, N. Y., on the 6th of February following. The fact of the homicide being done as charged was admitted, and insanity made the sole defence.

It is not, certainly, because this plea is so uncommon that the greatest public interest is always felt in a case in which it is set up. In fact, it has become almost odious from the frequency and success with which it is used to avoid the punishment of crime. And yet the popular feeling in regard to the defence of insanity is by no means wholly one of suspicion or indignation. Besides that curiosity which, by a natural law of the human mind, is stronger and more universal in regard to matters in which certainty is unattainable, there is a wide-spread conviction that neither the legal nor medical theories of insanity are well calculated to further the ends of practical justice. Nor is this conviction limited to the minds of the ignorant and unreflecting. It is shared by every thoughtful person whose attention has been called to the subject, and with too good reason. In spite of all the discussion and inquiry directed to the question of insanity, the teachings of law and medicine differ irreconcilably in regard to it, and there is scarcely less difference among the members of each of these learned professions.

We cannot stop to notice here the various causes which have led to this radical diversity of doctrines. Nor shall we presume to offer any views of our own, with the hope of removing difficulties in the way of solution and agreement. But having been called to examine McGregor before his trial, and led to consider his mental condition from a purely legal, as well as from a medical point of view, these difficulties were presented to us afresh, in all their practical and logical force. This must be our excuse for introducing a brief history of his case with some of the thoughts and questions which a view from the almost opposite standpoints of law and medicine would naturally suggest.

What, then, is insanity, and how is it known to us?

And first, as to the results of medical observation and reasoning. In all of the numerous definitions of insanity proposed by physicians, disease is regarded as the first and most essential condition. Now that insanity is due to disease, and to disease affecting the brain, is conceded by all. But to define insanity as disease, is not to describe a thing by something pertaining to it, but to substitute one vague term for another. This being too plain to be denied, it is made the point of the most common and approved definitions, that insanity is *a* disease of the brain, or the general name of a class of cerebral diseases. We then go on to adopt the language and method of the physical sciences. Certain symptoms are manifested in a given case which, we say, make up a form or subdivision of the disease insanity. These classes are generally based on a great number and variety of symptoms. Some, however, rest upon a very few symptoms, and these perhaps of one kind only. It is claimed by high authorities in mental medicine that a single manifestation

of feeling, or of blind impulse, or even a single act may mark a type of insanity. To all this it is objected, that to use the terms and methods of physical science, and to pretend to its accuracy, it is necessary, in the first place, that we should deal only with physical phenomena. Now, we must acknowledge that it is the very absence of constant physical symptoms in a case where mental disorder is present, which determines its classification as one of insanity. When we discover morbid changes in the fluids or solids associated in any case, or class of cases, with even the most marked derangement of mind, the term insanity is dropped at once. An illustration of this is found in the various kinds of blood-poisoning, and in softening of the brain. In these cases insanity is no longer the disease, but a symptom. Even where a knowledge of pathology is wanting, if we can refer to anything constant in causation or physical symptoms the case is no longer one of insanity, but of chronic alcoholism, perhaps, or general paralysis.

But suppose that insanity were, what we are told it should be maintained to be, a physical disease. Still, we ought to be very careful not to apply to it too rigorously the methods of natural science. Disease is a purely ideal thing, of which health, another abstraction, is the opposite. And is not *a* disease a succession of phenomena merely, and without any such definite existence as an animal or a plant? Certainly, we cannot speak of a species of disease in the same exact sense that we do of a species of fruit or flower. Two peas are proverbially alike, but no two cases of bodily disease ever were. The symptoms which go to make up most bodily diseases are not all objects of sense, and are always different in different persons, and in the same person at different times.

If, however, we admit, with a large class of medical authorities, that insanity is *a* disease; that it is a thing to be observed, not a condition to be inferred; that it is a fact, not an opinion; by what, or in what way is it to be distinguished from sanity? No formal answer has ever been given to this question, nor can the materials for an answer be found in all that has been written upon the subject.

Besides the recognition of insanity as a disease, its definition generally declares also that the moral liberty of the individual is destroyed. Of course, this adds to the difficulties of those who treat of mental disorder as a branch of natural science. They may not only be asked whether insanity is really a constant series of external facts, but what are the facts which denote that man is no longer a free agent, and in the absence of which his moral liberty remains? An answer to this would reveal the connecting link between mind and matter, and furnish a key to all the mysteries

"Of providence, foreknowledge, will and fate,
Fixed fate, free-will, foreknowledge absolute."

In the next place, let us glance at the legal definitions of insanity. The law, professedly, does not define what insanity is, but lays down certain rules for determining when it exists. In respect to criminal cases there are two rules, one of which, it is supposed, may always be applied. By the first, insanity may be inferred when the doer of the act was incapable of distinguishing between right and wrong in respect to it. By the second, it is conceded when the act is the offspring of insane delusion. We are to understand from the use of the phrase "insane delusion," that delusion alone does

not constitute insanity, but that, with other symptoms of insanity, delusion leading to the act shall also be present. The practical utility and justice of these rules in a vast number of cases, cannot be denied. There is, it is claimed, less danger of error from them than from such views of the nature of insanity as we have just noticed. Common sense and the highest philosophy are at one in considering the intellect the essential faculty of mind, and knowledge as the best test of responsibility. But however else they may differ, all medical alienists agree that a strict application of these rules will and does lead to the punishment of many who are unquestionably insane. The main purpose of the case which we are about to record is to illustrate this point. What is the cause of this liability to an error issuing in such deplorable results? Is it not the same as that which prevails with the extreme medical theorists? The law insists upon viewing insanity as a fact to be proved, instead of a judgment bearing directly upon the question of free will or its loss. It does not, indeed, regard it either as a physical or medical fact. Its test is not a scientific description, or a history of symptoms; but a standard of insanity is just as really set up by the law as by any school of mental medicine. The "fact" of total insanity is made to consist in an agreement between the manifestations proved, and those described in legal rules as excusing from responsibility. Now these rules are as entirely arbitrary, and without foundation in reason, as the definitions of medical theorists are unsupported by science. Sanity, like health, is a purely ideal condition. No man is perfectly free from all morbid taint in his physical system, and hence his mental faculties never display entire freedom and har-

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mony. Most medical alienists have refused to admit a partial insanity. This is necessarily the doctrine of those who believe insanity to be a distinct species in nature, and also of those who treat it as a metaphysical entity. We cannot, indeed, say that a man is partly sane and partly insane; but that a man may partially lose his freedom of will by disease, and that he should in justice be held to a modified responsibility on that account, is plain. By the partial insanity of the law, is meant a degree of insanity not amounting to any considerable loss of moral freedom. That there is a partial insanity not exempting from legal responsibility, may be right in theory, and a practical necessity. The error of the law seems to be, that it endeavors to make a formal distinction between partial and total insanity, which is impossible in the nature of the subject itself, and that it outrages the common sense and feeling of mankind to-day by adhering to the harsh and inflexible rules laid down for this purpose in a less civilized age. But we shall refer to this point again, after giving our history of imbecility and homicide.

The father of Gregor McGregor came, in his boyhood, from Scotland to the town of York, Livingston county, where he resided until his death, several years ago. In mind and character he was probably a fair representative of his class. He had the narrow and bigoted views, the irascible temper, and the unsocial habits characteristic of his race. His wife was notably deficient in mind. She is described as having been silly, easily imposed upon, inefficient, but good natured and kind. At present she is deaf, and quite demented. They are believed not to have been blood relations, and the family have never

heard of insanity in their ascendants. Nine children were born to them; eight sons, of whom Gregor was the youngest, and a daughter, youngest of all. Four of the brothers only are living. Two died in adult life, of what disease is not known. One committed suicide by hanging, four years ago, at the age of 39. The fourth was the victim of the murder.

The family was noted for its isolated and peculiar mode of living. They seldom visited, or were visited by their neighbors, and were never seen at religious or other meetings. If a neighbor called, the children ran from the house to the barn, like wild animals. Yet all in their turn were sent to school for a short period, and their mental deficiency was not much noticed. All learned to read, and began writing and arithmetic. As they grew up, two were gradually distinguished from the others by their manners and conduct. These were Hugh and Gregor. Both were shy and taciturn, idle, and needed the control and direction of others. At one time, Hugh attempted suicide by hanging himself with a halter, but was cut down. After he had grown up, he went to live with an uncle, a few miles away, and came home only at times, to spend a night. He became at length very wild and brutish. He would get drunk at every opportunity, and often wandered away into the woods, and was not seen for days, or even weeks. When thus absent he lived on wild fruits and animals, by milking cows, and robbing hen's nests. He was of medium size and height, but very muscular and powerful.

Gregor lived in the old family house, and at length with his mother and sister only. A brother, the only one who ever married, lived with his wife and children

in another house a few rods distant, and took charge of both the families, and the small patrimony.

Gregor kept closely at home, rarely if ever leaving the premises, unless at the desire of others. He read the weekly newspaper regularly, and the Bible occasionally. He was said to be fond of reading works of history and geography. His memory was feeble, but perhaps was the best of his mental faculties. He took little or no interest in the management of the farm or other property, in his dress or food, his relatives or neighbors. His clothes were purchased for him, and he did little or nothing unless directed. He hated work, and neglected or slighted it unless closely watched. He was coaxed, threatened, and treated in every way as a child or minor up to the time of the murder, when he was thirty years old. His was usually the small work of the farm and house, but he could do the regular farm labor well when he chose to. In this, however, as in all his behavior, he showed eccentric nervous and mental action. In binding grain, for instance, he would walk very slowly from one spot to another, but on reaching the grain would seize and bind it with the greatest quickness and dexterity. His form was slight and his strength moderate; but he never complained of feeling ill. He had a small appetite for food, and never evinced any sexual instincts. It seems quite certain that he was not given to secret vice. He was timid, not cruel, but at times easily excited to great fury. When reproved by his brother he would brandish a pitchfork in the most frenzied manner, threatening, "I'll kill you." But the passion lasted only a moment, and the brother thought he only intended to frighten him. At one time, he was requested by a neighbor to aid him in his harvest for a few days. He

consented, but they had not worked long together when Gregor flew into a passion at some reproof, and exclaimed, "I'll kill you," at the same time flourishing his implement in the most threatening manner. The neighbor advanced and delivered a kick at him, which Gregor avoided, and then ran home. He was not to have been paid for the labor.

About a year and a half before the murder, Hugh came home with a bottle of whiskey. Shortly after, he accused Gregor of having drunk some of it, and high words passed. Gregor ran to the barn for the elder brother,* who came back with him to the house, and quiet was easily restored. Afterwards, during the winter, Hugh came occasionally to the house in the evening, and slept during the night on the floor, in a corner of the kitchen. At these times he would burn up most of the wood, which Gregor had sawed, before morning. Of this Gregor complained bitterly.

On the evening before the murder, Hugh came to the house. There was no altercation between the brothers while the mother and sister were with them, and probably none after the latter retired for the night. At eleven o'clock, Hugh lay down on the floor in his corner, and Gregor went up stairs to bed. At about one o'clock, Gregor rose, went down to the kitchen again, put on his boots, which were there, and left the house. He returned in a few moments, armed with an axe, with which he groped his way to his brother's corner, and struck three blows, in quick succession. Hugh sprang up and seized the axe, which Gregor let go, and ran out of the house to the woods. His sister, hearing a noise from her room in the chamber, called down, "Who's there?" Hugh replied, "It's me." He died a few minutes afterwards.

Gregor remained hid in the woods until the next evening, when he came out and was taken. He acknowledged the murder, and made no attempt to conceal or disguise anything in connection with it. As to the mode in which the facts were drawn out, it is necessary to say that nearly all were contained in leading questions put to him. Occasionally he would utter a simple, brief sentence in reply to a question not admitting a direct affirmative or negative answer, but if such a reply would include more than one or two simple ideas, he would uniformly say, "I dont know." He stated that ever since the difficulty with Hugh about the whiskey, he had intended to "give him some," when he had a chance. The reason was that Hugh burnt his wood, and that he was afraid of him. On going to bed that night he did not take off his clothes, but lay down on the bed, and waited for Hugh to fall asleep. This he did because Hugh was the strongest, and if not attacked when asleep might kill him. He ran out of the house after Hugh seized the axe, because the latter might kill him. Before reaching the woods he was sorry for what he had done, but only because he should have to go to the State Prison or be hung for it. He thought Hugh got no more than he (Hugh) would have liked to have given him. He hid in the swamp all day because he knew "they would be after him." As it grew dark, he came to the edge of the woods to see what was going on about the house. He thought he should see something by which he might judge whether Hugh was dead or not. He knew that it was wrong, and contrary to law, and forbidden in the Bible. When asked if he knew what would be done to him, he said, "I suppose I'll be hung." To the question, Do you know what will become of you

afterwards? he replied, "I suppose I'll go where the bad folks go."

During the seven months of his confinement in jail he was entirely quiet, harmless, and correct in his behavior, except on a single occasion. Once, on being greatly annoyed by a fellow prisoner, he was furious for a few moments, threatening to kill him.

At his examination in jail, on the day before his trial, he appears of about middle height, is slender, thin in flesh, and slow and languid in his movements. He has the hollow temples, long eyelashes, long and curved finger nails, flabby muscles, and narrow, sunken chest, which mark the strumous diathesis. Viewed in front, his head seems of much less than the average size, but not so small as to suggest mental deficiency. His forehead is of good height, and not uncommonly narrow or retreating. Viewed in profile, a marked peculiarity is noticed. The outline of the head falls suddenly away from the vertex, and describes nearly a straight line with the neck and spinal column. It is as if a large portion of the occiput had been sliced off, taking away most of the posterior lobe of the cerebrum, and the cerebellum. There is no other bodily deformity approaching the type of idiocy. Neither is there anything in his appearance or manner denoting any form of nervous disorder. The great feebleness and slowness of his mental processes are at once manifest. To leading questions he answers, "Ye-s-s," or "No-o-o," in a drawling monotone, ending with a peculiar upward inflection. He recollects without effort, the day of the month on which he killed his brother. His own age, he says, after some uncertainty, is twenty-nine some time last fall. With considerable aid in combining ideas, and much

patience on the part of the examiners, he gives correctly the number of his brothers, the order of their birth, the names and ages of those living, how many are dead, and other similar particulars. When asked, Who was the great general in the first part of the war? he answers, "General McClellan." "Who was the greatest in the last of the war?" "General Grant." "Who was President during the war?" "Abe Lincoln." When questioned as to his knowledge of right and wrong, and of the penal consequences of his act, in this world and the next, his answers are the same as at the time of his arrest. To all questions involving complex, or even several simple ideas, and requiring any act of analysis or comparison for their answer, his reply is, "I don't know." There is no evidence of delusion, of morbid suspicion or fear, or of fiendish or brutal passions. He manifests but a slight degree of filial or fraternal affection, and scarcely the least concern for his own fate. In a word, all the mental and moral faculties seem to be equally deficient. His mind presents no salient points to mark either depravity or disease. Nothing preponderates, but the equilibrium is unstable simply from the absence of mental power.

Most of the facts gathered from an examination of the relatives and neighbors of prisoner, have been already stated. Two of the brothers and the sister were among those examined. In each, the head was about the same size as the prisoner's, without, however, the peculiar want of development in the occipital region. One of the brothers and the sister manifested, in their answers to questions, a slowness and dulness of perception, and an inability to grasp any but the simplest ideas, nearly as marked as in the case of Gregor. The mental charac-

teristics of the remaining brother were such as are not uncommon in the class to which he belongs. Neither in these nor in other relatives was there manifested any desire to excuse the prisoner on account of his mental condition, or to shield him from punishment. In fact all agreed, with little show of feeling of any kind, in holding him accountable for his crime, and, in the true spirit of Scotch theology, in declaring his life a just forfeit for that he had destroyed.

The acquaintances all testified that the prisoner was "odd," "not like other people," and never considered or treated as a common person. And yet, no one had thought of him as not accountable for his acts, up to the time of the homicide. Now, however, there was probably not a person in the community, outside the prisoner's family at least, but would have been greatly shocked at the extreme penalty of the law being inflicted upon him. The intense popular feeling usually manifested in such cases, seemed entirely wanting.

McGregor being brought into court, the plea was set up by his counsel that he was now insane, and not in a fit condition to be tried. Pending the trial of this question, the counsel, after conferring with Attorney General Martindale for the prosecution, and the Court, changed the plea to that of "Guilty of murder in the second degree." Upon this, the prisoner was sentenced to confinement for life in the State Prison at Auburn; the effect of which was to commit him to the Convict Asylum in connection with the prison. This disposition of the case appeared to give entire satisfaction to all parties except the prisoner, who exclaimed, as he sat down after receiving the sentence, "I dont want to go there!"

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As compared with the other principal divisions of insanity proper, dementia has received but a small share of attention from writers on mental medicine. Some have even declared that it is not a specific form of the disease, but rather an ultimate result to which all forms tend. Of imbecility, which differs from dementia in being congenital while the latter is adventitious, even less notice has been taken. In a strictly medical point of view, this neglect is not to be wondered at. Neither of these conditions affords much scope for curative treatment. Dementia is, in most cases, the incurable stage of mental disease, and imbecility calls for special teaching and training rather than medical agents. Still, dementia does form one of the grand divisions of insanity, and it is not a little curious to note the wide difference made in both the medical and popular mind, between it and imbecility. The unskilled observer will not hesitate to form an opinion as to the knowledge, motives, and power of self-control of an imbecile. But let the case be one of dementia, and it is referred at once to the medical expert. Now is not this an error, both in science and in practice? Imbecility is developed *in utero* or *in neo-nati*, while insanity appears in youth or adult life. In one the normal nutrition of an organism has ceased at an early period of its existence; in the other the same thing has happened later. Surely, this indefinite time of months or years cannot be the basis of any essential difference. How, then, to explain this theoretical distinction? Only, that in our conception of insanity we have chosen to include a mysterious entity which we term disease, while in that of that imbecility we have not. And whether this has been done on some *quasi* scientific principle or as a supposed convenience, is it not practi-

cally a mistake? Are not the knowledge and tact of the medical expert as properly applied in a case of imbecility as in one of dementia? It certainly seems to us that these two analogous conditions deserve a more thorough study than they have yet received. To those of us who cannot rest a diagnosis of insanity upon the depravation of one or more of the affective or the instinctive faculties, and who, on the other hand, have found insanity where no well-defined delusion is manifest, dementia is often our most valuable criterion. It appears in nearly all cases of chronic mania, including those of monomania so-called, and in many cases of melancholia.

We may ask ourselves still another question. To increase our knowledge of dementia not only, but of the entire department of insanity, is it not plain that the best method of study for us is through the phenomena of imbecility? This is the true natural-history method, which aims to arrive at an interpretation of facts by tracing them through their various stages of development. If the naturalist fails to detect affinities and resemblances in the perfect organism, he goes back to the embryo in search of them. In like manner, may we not find in these cases of arrested development a key to that knowledge of mental pathology, the first principles of which we have so long labored to establish?

The limits of this paper confine us to a very few remarks on the legal relations of dementia and imbecility, although they are the most important of all. The law has often quoted with approbation the language of Locke, who says : * “ The defect in naturals seems to proceed from want of quickness, activity and motion in the intellectual faculties, whereby they are deprived of reason.” Noth-

* Essay on the Human Understanding, Book 2.

ing could more truly describe the case we have just given than this; but it must be remembered that a general characteristic of the minds of imbeciles is a want of due proportion between the several faculties. In some certain feelings and tendencies, in others special intellectual powers, preponderate over all the rest. But no definition is laid down, and the capacity to discern between right and wrong, in the legal sense, is the test, as in insanity proper. An exception to this is in the case of deaf mutes, who, as being denied the means of acquiring knowledge, were formerly held irresponsible from the very fact of their infirmity. Since their education has become common, however, it is established that a deaf mute is *doli capax*, though no means have yet been discovered of bringing him to trial.* Any person, then, may be guilty of crime, who can distinguish between what the law considers right and what wrong. This is the principle by which a particular act being tried, the law determines whether penal consequences shall follow. And what is this principle? Is it founded on the common consent of philosophers and moralists as to the necessary relations of mental capacity and accountability? Is it derived from our knowledge of human physiology or pathology? No one pretends to answer either of these questions affirmatively. It is well known that this principle is nothing more than an embodiment of the ideas of natural justice and practical utility which prevailed in an ignorant and superstitious age. In the last, and in former numbers of the JOURNAL† it has been shown that by adhering to it the law must

* *Vide* Wharton and Stille's Medical Jurisprudence p. 144.

† *Vide* Vol. xxii, p. 25, and Vol. xxi, p. 282.

and does award punishments which are no less than inhuman and barbarous. If this were only the dictum of medical and moral theorists it would be of no moment. But it represents, we believe, the moral sense of all highly civilized communities. It is manifested everywhere; in the verdicts of juries, the essays of the lecture room, and the manifold productions of the press. We shall conclude by referring to the case already described. There could be no doubt that the prisoner knew right from wrong in reference to the act which he committed. Everything went to show that he recognized it as wrong, illegal, and likely to be punished. So do most children of six years old at the present day, and many of the inmates of our idiot and insane asylums. But he had not that degree of mental activity and energy which an enlightened common sense should deem necessary to a criminal intent. It is clear that the dread of punishment was too vaguely and transiently felt to deserve the name of a motive in his case. Instead of being a warning to others, the hanging of such a creature is rather an example of injustice and brutality. It may be safely said, that if McGregor had been executed the public would have been scarcely less shocked than they were at the murder of his brother. Of the two lives destroyed, that of Hugh was certainly the one which could have been best spared. Of the two acts of killing, it is hardly too much to say that the last would have had little more to excuse it than the first. We live, unhappily, in an age in which the forms of law are of but slight effect for the control of private or public action. Let us be thankful that sometimes this lack of respect for legal doctrines may open the way to a better administration of practical justice.

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13. *Seventh Annual Report of the Board of Directors and Officers of the Longview Asylum, [Ohio].* For the year 1866.

14. *Tenth Biennial Report of the Trustees, Superintendent, and Treasurer of the Illinois State Hospital for the Insane.* For two years ending November 30, 1866.
16. *Thirteenth Annual Report of the Directors of the Insane Asylum of California.* For the year ending September 30, 1865.
16. *Reports of the Medical Superintendent of the Provincial Lunatic Asylum [N. B.].* For the years 1863-4-5.

1. This document contains the forty-ninth annual report of the McLean Asylum at Somerville. Dr. Tyler finds little of general interest concerning his institution to record, but, as usual, has some well-considered and pertinent remarks upon a subject connected with our specialty. He says: "The excessive drinking of wines and ardent spirits has brought insanity upon many persons during the last year. This indulgence seems to be increasing very greatly, and its consequences are indeed alarming." And from this text he goes on at some length to treat of inebriety as a disease, and of the proper method of dealing with it and its subjects. After describing, in a manner denoting a wide and most intelligent observation of this class, the various phases and characteristics of inebriety, and the practical difficulties in the way of dealing with it, he proceeds:

Pathological investigations show that the brain, stomach, and other organs are changed from a healthy to a diseased state by the action of alcohol. Healthy thoughts and healthy moral sentiments are not evolved by a diseased brain. It would be as unreasonable to expect them as to expect correct tone from a broken and untuned instrument. To its possessor we attach no moral responsibility. An inebriate has a diseased brain. No will or agency of his can bring forth therefrom other than diseased mental and moral products. He is no doubt oftener than otherwise responsible for producing his state of disease, and in this sense alone can be responsible for the present consequences. A person who is governed by an *uncontrollable* appetite, or by any *uncontrollable* influence, is not a responsible being, and should be so

treated. No doubt he is responsible for the condition he has come to, but the criminality lies back when it was a matter of *volition* whether he should yield to evil or not, and not in the yielding after he has lost the power to resist. Then it becomes the bounden duty of friends, and if he has none or they be inefficient of the State, to furnish him with the means of restraint, and to give safety and peace to his family. So long as moral feeling remains and a person can be moved by moral influences, there is hope of reclamation at home, but after the state of things described has been reached nothing but enforced restraint will be of the slightest use.

We fear that certain portions of the above will be considered as somewhat loosely written. Should we say that an inebriate, as such, has a diseased brain, and therefore is without moral responsibility? Many confirmed inebriates have come under our observation, presenting no marks of disease either in mind or body. Does the single fact of an intemperate use of alcoholic drinks warrant the inference of disease, in all cases or in general? Of course Dr. Tyler does not mean this, and we must receive his statements in a qualified sense. He no doubt has in mind cases in which nervous disorder, mental enfeeblement, or striking changes in the moral and intellectual faculties indicate the presence of disease.

In conclusion he says:

It is not at all my purpose to give any detailed plan for the care of these people, but simply to mention a few of the plain imperative necessities of the case.

The work must be done by the State, or by responsible parties.

Legal enactments must be such as shall secure a long period of restraint.

A full and thorough examination of each case, in all its relations, must be had before committal.

But few persons, not exceeding twenty or thirty, should be domiciliated together.

Such restraint as will make any indulgence of the ruling appetite an impossibility must be had, and this is believed to be entirely con-

sistent with considerable personal freedom, and with all the common comforts and amenities of life.

The general statistics for the year are : Whole number treated 295. Admitted 103, discharged 98. Of the latter, 46 were recovered, 18 improved, 4 unimproved, and 29 died.

2. The Worcester Hospital has the honor of being the pioneer institution of Massachusetts, and one of the oldest State charities of its kind in the country. This honor has not been without its disadvantages, in the constant necessity of change in its construction and internal arrangements, to keep pace with the advance of knowledge respecting the care and treatment of the insane. But the records of the hospital show, that of 7,614 patients received since its opening, 3,567, or nearly 50 per cent., have recovered, while 1,419 have been sent away more or less improved. "All this, and more, has been accomplished by the hospital, at the small cost of not more than one hundred and seventy-five thousand dollars to the State for buildings, fixtures and land, and to the patients and the Commonwealth not more than an average of one-half year's support to each individual so returned."

The sanitary condition of the hospital is reported excellent, and a good degree of comfort and curative treatment has been made possible by the zeal and intelligence of its officers. But the institution is far from realizing the ideal of Dr. Bemis. He has suggested the plan of "erecting near the hospital two or more separate dwellings for the accommodation of convalescents," and indulges in another vision of the future, as follows :

We hope to see, and believe the time will come, when we shall have in the heart of the Commonwealth a hospital for the insane,

constructed upon the best plan for classification and treatment of the various mental disorders which affect the human race. When we shall have the centre building the hospital proper, with every facility for treating all cases of acute mania, and for all violent and dangerous, suicidal and troublesome cases, having every arrangement and convenience which skill and ingenuity can devise—large, airy sleeping and day rooms, improved facilities for bathing, perfect ventilation, cozy libraries, spacious parlors, convenient billiard and play rooms; and near by, a few plain, neat and substantial cottages, capable of accommodating a family of eight or ten quiet, harmless, industrious persons; and not far remote, two or three houses of more style and pretension, for a class of people found in every hospital, where they could live in a quiet family, devoting themselves to reading, writing, and the cultivation of gardens, and such light occupations as their health would allow. All these houses would be under the charge of old and well trained attendants, who would there find inducements to remain, and make the care of the insane a life business.

There would be, of course, the chapel and lecture-room in common. The laundry and bakery, the warming apparatus, the engine house, the stables and farm buildings, all in common for the whole. The great benefit, it seems to us, to be derived from so wide a departure from all accustomed rules, is a near approach to the family system, and the kindly influences of home treatment. Could this system, or some similar one, be carried into operation, the insane would have all the benefits they now have, with the added advantage of the family circle, to such as could be admitted to its enjoyments, homely surroundings, and the enjoyment of many of the social comforts which make life pleasant. They would have also the advantage of well trained, educated nurses and attendants, whose business for life it would be to care for and sympathize with them. They would enjoy a more free and generous style of amusement, recreation and exercise, and more frequently, and with less restraint, mingle in the society of friends and relatives; in a word, all the enjoyments of life would be multiplied, and all the social endearments to a very great extent preserved, without diminishing in any way the prospect of recovery, or increasing the labors of the institution.

The carrying out of such a scheme is rendered possible by the great appreciation in value of lands belonging to the hospital. Twenty-six acres, including the site of

the present buildings, and adjacent lots, are valued at \$200,000. After the sale of these, the institution would still possess 85 acres within a mile of the city, and with many advantages of location. Dr. Bemis believes that "within ten years from the present time the whole thing may be accomplished without asking one dollar from the State treasury."

The general results for the year are as follows: Admitted 289, discharged 249, remaining 381. Recovered 89, improved 95, unimproved 25, died 40.

3. The resignation of Dr. Ray as superintendent of the Butler Hospital, has been already noticed in the *JOURNAL*. A sense of the irreparable loss to psychological medicine sustained in this resignation, will be felt by all who take up his final report. Nothing but the impossibility of doing even partial justice to it in the narrow space left us, prevents our copying from its pages. But we are not forbidden to hope that Dr. Ray will still contribute to the literature of the specialty, through the various other channels in which he has obtained a high distinction. Perhaps the leisure he will now possess may afford him opportunities, hitherto vainly desired, of adding to his fame and usefulness in this direction. That he may long have life and health for the performance of this and other labors, must be the earnest desire of all who are capable of appreciating what he has done for his profession, and for the insane.

The following general statistics are presented: Admitted during the year 44, discharged 56, remaining 119. Of the number discharged, 24 were recovered, 3 improved, 11 unimproved, and 18 died.

4. Dr. Gray reports the daily average under treat-

ment in the N. Y. State Asylum during the past year, as 643. This large number exceeds that of 1865 by 52, and that of any previous year by 94. It is only the imperative necessity of affording treatment to a large number of curable cases, and of preserving others from the doom of county receptacles, that could justify such an over-crowding. But the large number of recoveries, and the comparatively low rate of mortality in the institution, show that the perils of such an experiment have been skillfully avoided.

Dr. Gray repeats the convictions expressed by him in his last report as to the proper means of further provision for the insane of the State, and fortifies them with the authority of the Association of Superintendents, as expressed at their meeting last year. The Legislature of the State has responded by establishing the Hudson River State Hospital, noticed in another place.

Other subjects treated in this Report are the advantages of early treatment for the insane, established by numerous citations from the highest authorities; the nature of melancholia, pathological and psychological; and some remarks on certain prevalent causes of insanity, which are very timely and appropriate. Of the latter, Dr. Gray says:

There are other remote predisposing causes, underlying and vitiating society, which are more concealed and more insidious in their invasion and progress, and more sure in their deadly work than the open vices, excessive labor and anxiety, inordinate excitement, or the misguided efforts at rapid education. Foremost among these are masturbation and procured abortion. Though observation and experience have familiarized medical men with these shocking vices, by bringing their victims constantly before them in the sacred relation of physician and patient, where the lips, with respect to any particular individual are sealed, and they have endeavored to set forth the

dangers to body and mind inseparable from them both, still no marked further efforts have been made beyond essays in medical publications, until quite recently.

In regard to masturbation, we are told that the records of the asylum at Utica show 521 cases admitted directly attributable to this vice, and Dr. Gray is convinced that the number is greatly understated. The works of Dr. Chipley, of the Eastern Asylum of Kentucky, and of Dr. Roberts Bartholow, republished by Wm. Wood & Co., of New York, are recommended in this connection.

On the vice of procured abortion, Dr. Gray dwells at considerable length, and with much earnestness. Its recent increase and terrible prevalence are attested by his own observation, and by the research of those who have made it a subject of special study. Some startling instances which have come under his notice are related, and he refers especially to the essay of Dr. H. N. Storer, for which a prize was awarded by the American Medical Association. This work seems to be admirably adapted for general circulation. It has been published under the title "Why Not?"

The following is a summary of general results for the year: Admitted 388, discharged 362, remaining 641. Of the number discharged, 164 were recovered, 39 improved, 115 unimproved (including 9 not insane,) and 44 died.

5. Dr. Van Anden has nothing of general interest to report in regard to the operations of the N. Y. Asylum for Insane Convicts, for the past year. He again urges the enlargement of his institution, so that it may provide for the entire class of criminal insane in the State, and shows in what way this might be easily and advantageously done.

The yearly statistics are : Admitted 4, discharged 7, remaining 70. Of those discharged, 3 were recovered, 1 improved, and 3 died.

6. Dr. Kirkbride submits a very complete and carefully prepared report. We have his testimony, also, to the alarming increase of intemperance within a short time past. He says :

INTEMPERANCE is recorded as inducing insanity in three hundred and thirty-four cases. I am fully satisfied that this is far below the real truth. It gives merely the number in which there could be no reasonable doubt of this being the active agent in the production of insanity in the cases under notice. It tells, however, nothing of the various causes to which many other cases are attributed, but which may have been really the result of the intemperance of others, if not of the individuals themselves. Much of the ill health, the loss of property, domestic difficulties, disappointed expectations, and mental anxiety, in not a few instances, were the consequences of intemperance on the part of parents, husbands, or other members of families, and without which the disease would not have been developed. Three hundred and ten males and twenty-four females are reported as having their insanity caused by intemperance. That intemperance is steadily on the increase in both sexes and with all classes of people, there can hardly be a question. It is indeed rapidly becoming the great vice of our age and country, giving to the criminal courts the largest share of their business, filling up the wards of our hospitals and other charitable institutions, crowding our alms-houses, and blighting the fairest hopes and brightest anticipations of whole families, in every walk of life. In its immediate and secondary results it assumes an importance that can hardly be over-estimated.

One of the chief causes, in his opinion, is the practice of social drinking among the young. The free use of stimulants as a remedy for nervous feelings, he considers an important cause of the increase of intemperance in women. We believe that the prevailing fashion of excessive stimulation in diseases of almost every kind is a fertile source of the alarming spread of intemperance in

both sexes. The free use of alcoholic stimulus as a medicine should be confined to certain stages of acute disease. But has not Dr. Kirkbride failed to notice the most important cause of the late increase of drunkenness, at least among men? According to our observation, this is to be found in the idleness and abandon of camp life, alternating with the exposure and other hardships, to which so large a proportion of our young men were subjected during the late war. Tobacco and opium are also used to a greater extent than formerly, and this fact is probably to be accounted for in the same way.

During the year 526 patients have received treatment in the double institution over which Dr. K. presides. 222 have been admitted, and 230 discharged. Of the latter, 102 were recovered, 60 improved, 35 unimproved, and 33 died.

7. The main topic of Dr. Curwen's Report is that of further provision for the insane of the State, and his remarks show a most intelligent appreciation of that important subject. The Pennsylvania State Hospital has contained a daily average of about 323 patients during the past year. Against even this moderate excess above three hundred, the number designed to be provided for, Dr. Curwen earnestly protests. The difficulty of maintaining good health in over-crowded wards, the increased liability to an epidemic, and the helplessness of the medical superintendent in such a case, are properly represented. Dr. C. is also opposed to any enlargement of the institution under his charge. He advises the erection of a new hospital, and the districting of the State so that each section may have an institution at some central point, according to the plan now generally approved.

The yearly statistics are: Whole number treated,

498. Admitted 187, discharged 166. Of those discharged, 47 were recovered, 45 improved, 41 unimproved, and 33 died.

8. The Asylum at Dixmont, which forms the Insane Department of the Western Pennsylvania Hospital, is steadily advancing towards completion. The portion already under roof, and to be completed for occupation the coming season, will complete the western half of the building, and give great relief to the institution. Dr. Reed warmly urges its full completion according to the original plan, at the earliest possible moment. He also recommends the erection of an asylum for the criminal insane of the State.

The results for the year are: Admitted 135, discharged 133, remaining 206. Recovered 50, improved 26, unimproved 18, died 39.

9. Dr. Stokes devotes a large space in his Report to the subject of nurses and attendants in hospitals for the insane, and comes to the conclusion that members of religious orders, such as the Sisters of Charity, are best fitted for this vocation. We must admit that the case of the Sisters is very plausibly and eloquently advocated in his remarks. High wages cannot buy good tempers, nor are such found always associated with superior intelligence. The Christian graces are alone sufficient to provide effectually against the temptations to neglect and harsh treatment which operate so powerfully upon the attendants in our asylums. It may be doubted, too, whether the religious element is made as prominent in the administration of these establishments as it might be with advantage. But we should fear that the evils which belong to all secret and closely leagued societies

would finally develop themselves in an institution wholly controlled by one of these orders. It has seemed to us that a good degree of publicity, and the free play of individual feelings and interests, are necessary to the healthy administration of asylums, as of other similar institutions, and of affairs in general.

The usual yearly statistics are: Whole number of insane treated, 405. Admitted 178, discharged 250. Of the latter, 61 were recovered, 120 improved, 54 unimproved, and 15 died.

10. It is now just ten years ago that we last noticed a Report of the Eastern Asylum of Virginia. Since that time Williamsburgh has been the prize of contending armies, and its Asylum, the oldest in the United States, for a while in charge of the Federal government. In the summer of 1862, soon after the battle of Williamsburgh, the accomplished though eccentric superintendent, Dr. Galt, committed suicide. Since that period, the institution has been under the care of four or five medical gentlemen, who were finally succeeded by Ro. M. Garrett, the present incumbent, in March, 1866.

As would be supposed, the greatest confusion in the affairs of the Asylum was a consequence of the war. Its records were lost, its affairs disorganized, and its patients scattered. Under the administration of Dr. Garrett, \$4,500 have been expended in furnishing a supply of water, fitting up the water-closets and bath-rooms, and in other repairs and improvements. We hope that the affairs of the Asylum are once more placed on a proper footing, and that it may enter upon a new career of usefulness.

62 patients were admitted during the fiscal year, and

31 discharged; leaving 206 under treatment. Of those discharged, 9 were recovered, 3 improved, 4 unimproved, and 15 died.

11. Dr. Chipley is forced to renew, this year, his appeal to the Legislature for additional accommodation for the insane of Eastern Kentucky, and to repeat the eloquent and convincing arguments quoted in our notice of his last report. He advises the erection of a new building, in connection with the present, for two hundred patients, some separate provision for insane negroes, and the purchase of land for farming purposes.

During the year past, 292 patients have been under treatment. Of these, 37 were new admissions. 41 were discharged, of whom 24 were recovered, 7 not recovered, and 10 died.

12. Dr. Rodman's Report is also chiefly taken up with the subject of further provision for the insane of his section of the State. He warns the Legislature that another year will find his institution unable to receive all the patients brought to it, and hopes that the policy of removal to almshouses may never be entered upon. Like Dr. Chipley, he advises separate provision for the colored insane, in a cheap building near the present edifice.

The institution now contains 216 patients. 134 were admitted during the year, and 61 discharged. 31 of the latter were recovered, 5 not recovered, and 25 died.

13. The Longview Asylum receives patients only from the county of Hamilton, Ohio, which includes the great city of Cincinnati, and does credit to the liberality of the City and State. A department for the colored insane has been added to the institution within the past

year, by the purchase and fitting up of a house formerly used as a "Water Cure," on grounds adjoining the Asylum. "The Directors take pleasure in saying, when all is completed they will have a pleasant and quiet home for the colored insane. This being the first asylum for the colored insane in the United States, we feel proud of our County and State."

The Directors are certainly mistaken in supposing that theirs is the first instance in which colored patients have been treated in a separate department of an asylum in this country. Whether such a step is a matter of pride to any one, is another question. It may have been the best policy, under such feelings and circumstances as can easily be conceived to have existed. But we are not told what all the circumstances were,—how many colored patients required care, nor the grade of accommodations deemed proper for them. The following explanation, however, is given by Dr. Langdon:

"It is a source of great gratification to me that this provision has been made, as it is what I have taken occasion to urge at various times as proper and necessary. It may be that I have appeared, to many, to place too great a stress on the necessity of such provision. These cases, however, came frequently under my observation, and I could not help feeling that justice and humanity called for some better treatment of this class of unfortunates than incarceration in the common jail. Two of the greatest misfortunes that humanity is liable to,—insanity and a colored skin—did not seem to me good and sufficient reason for classing the person so afflicted with malefactors, and it is therefore a matter of sincere rejoicing that a change in the disposition of these persons has been made, and especially that Hamilton County has taken the lead in the matter, and that now in our Asylum all insane persons, of whatever kind, class, color, or degree, are freely received.

Immediately after the passage of the law providing for the colored insane, application was made for their reception into the building

with the whites. This we could not do, owing to the strong prejudice which exists in the minds of most whites, and in none more strongly than the inmates of the Asylum. In order to receive them at all, I should have been obliged to break up my classification by which I have practically increased the capacity of the house, and it would have resulted in depriving more whites of the benefits of the Institution than it would have accommodated colored.

Several further particulars in regard to the Longview Asylum are very gratifying. The number of insane treated at the expense of the county is less, in proportion to the population, than when all were kept "in the old Lick Run Asylum, where everything was ill arranged and uncomfortable." Not only is this the case, but the actual cost of support of the insane poor is less than at that time. "It should be remembered too, in this connection, that the number of insane is greater now than then, and that the price of groceries, vegetables, dry goods, labor, fuel, and indeed everything which goes to make up the cost of subsistence, is certainly double what it was then."

During the year, 171 patients were admitted, 159 discharged, and 388 remained at its close. Of those discharged, 104 were recovered, 20 improved, 2 unimproved, and 33 died.

14. Twenty years have elapsed since the passage of an act by the Illinois Legislature founding its State Hospital for the Insane, and Dr. McFarland is finally able to write:

With the comparatively insignificant exceptions hereafter to be considered, the Institution is now complete. Progress, from this date, must be toward the greater perfection of what we have, and not to the creating of further extensions. It is large enough to tax to the full the best energies, and yet, with a complete corps of medical officers, its appropriate functions can be amply performed.

The new wing is very nearly completed, requiring little more than to be properly furnished to fit it for occupation. Accommodations will then be provided for 500 patients.

Dr. McFarland foresees that the question of further provision will then be immediately in order, and proceeds to consider it with that candor and moderation which the subject demands. We only regret that space does not permit us to copy in full his thoughtful and sensible remarks.

In the first place, he waives the consideration of any plan for disposing of the insane free from a certain degree of restraint and discipline. The optimist notions of free air and family life, which have been so much urged, have nothing in common with the sound sense and well-digested experience of Dr. McFarland.

He then proceeds to inquire whether separate institutions for the curable and incurable should be established. The usual arguments for and against this proposition are fairly stated, and a negative answer finally given. The reasons for this conclusion are wholly practical, and evidently designed to meet the requirements of the immediate future in Illinois. In conclusion, he decides against "the establishment of asylums for incurables, the objectionable features of which are in part removed by making them adjuncts to the present hospital—not located, perhaps, in its vicinity, but so related to it that patients are sent to them only by transfer from a central institution, bearing the name of a hospital."

And he further writes :

The other, and, as we believe, the preferable method, would be to erect an institution in all respects meeting the requirements of the age, and representing the intelligence and philanthropy of the State. Of

its details—full as they suggest themselves—we will not speak further than that, into whosoever hands its location and design may devolve, such a responsibility will enforce the creation of an institution combining the great changes for the better effected within the past twenty years in this department of social science. Insanity is a perpetually existing fact; as much so as crime—though, of course, to be met in a different spirit of prevention. If the penitentiary, in its castellated grandeur, represents the judicial dignity of the State—and we grant it does, most completely—the insane hospital should gather within it those treasures of comfort, health and kindly exercised security, that science and invention have so abundantly placed at the public disposal.

The admissions for the two years were 446, the number discharged 429, and 318 remained under treatment. Of those discharged, 146 were recovered, 53 improved, 182 unimproved, and 48 died.

15. The Report of the Insane Asylum of California is a sad record of internal strife, disorder, and mismanagement. Yet it is hardly more than we should expect from the mode in which the institution is governed. This is, by a joint board of three medical visitors and six directors, by whom its resident officers are periodically elected. In April, 1865, the four years for which Dr. Tilden had been elected expired, and the difficulties, which had long been increasing, between the board and the superintendent, reached their climax. It is not necessary here to state particularly what these difficulties were. Charges were freely made by the directors against the superintendent, of defying their authority, of the abuse of patients, and of much other unworthy conduct. The superintendent replied by charging the directors with corruption in contracts, disregard of the law and of the interests of the institution. At the time of the election two of the medical visitors, friends of Dr.

Tilden, refused to assist, and none could be legally held. Disorganization was now complete, and was only terminated by the directors taking the law into their own hands, and forcibly ejecting the superintendent. Following this came a protracted investigation by three legislative committees, and the bringing to light of many painful and disgraceful facts, relative to the Asylum, its directors, and officers. All agree, however, in representing Dr. Shurtleff, the present resident physician, as well qualified for his place, and we might have confidence in the future of the Asylum, if its government were properly provided for. The only change in the law which has been proposed, is an increase of one in the number of the board, four of whom only shall be residents of Stockton, instead of the whole, as at present.

Until last year the Asylum consisted only of the buildings known previously to 1853 as the State Hospital, which was then first devoted entirely to its present purpose. The building opened last year, and now filled with 125 female patients, is all that is completed, and about one-fifth part of an asylum designed under the direction of the late Dr. Bell, of Massachusetts. From the spirit of the legislative reports, it would seem probable that the work of completing it will be steadily pursued.

The number of patients remaining in the Asylum September 30, 1865, was 632. The admissions for the year were 268, and 217 were discharged. Of the latter, 93 were recovered, 11 improved, 31 unimproved, and 82 died.

16. Dr. Waddell was able to report, in 1864, at the end of fifteen years service as superintendent, that "the Asylum has developed from a mere section of a building as it was at my appointment, till now it has attained its

full dimensions." During the year 1865, the last for which we have his Report, a new steam heating apparatus was introduced, and extensive internal repairs were in progress.

The average number under treatment for the year was 197, and the Asylum had been crowded to its utmost capacity. Dr. Waddell suggests some changes in the law regulating admissions to the institution, with the object of elevating its character, and increasing its usefulness. At present, cases of idiocy, imbecility, epilepsy, delirium tremens, and senility are alike received.

The general statistics for the year are: Admitted 96, discharged 102, remaining 194. Of those discharged, 51 were recovered, 22 improved, 2 unimproved, and 27 died.

Mental Exertion in relation to Health. By AMARIAH BRIGHAM M. D. Edited, with a Chapter on the Cause and Treatment of Indigestion in Literary Men, by Arthur Leared, M. D., M. R. I. A. etc. London: John Camden Hotten, Piccadilly. 1864.

Observations on the Scientific Study of Human Nature. A Lecture delivered before the London College of Preceptors, October 10, 1866. By EDWARD L. YOUNG, M. D. New York: Appleton & Co. 1867.

The history of the first of these books affords, perhaps, the best testimony that can be given to the extensive reading, the independent thought, and the great practical good sense of its author. It was first published in 1832, the year following that in which Dr. Brigham entered upon the general practice of his profession in Hartford, Conn. Infant schools were then in high favor in that city, and the evils which attended them had received little notice. But the enlightened and vigorous mind of Dr. Brigham took in at once the full measure of their ill effects, and nothing could have been better calculated

to meet them than the publication of this book. Its aim was, as stated in the preface, "to show the necessity of giving more attention to the health and growth of the body, and less to the cultivation of the mind, especially in early life, than is now given; to teach that man, at every period of his existence, should be considered both as a spiritual and material being,—as influenced both by physical and moral causes; and that, therefore, all plans for his improvement should be formed, not from a partial view of his nature, but from a knowledge of his moral, intellectual, and physical powers, and of their development." We doubt whether a better statement has since been made of the important lesson then and still needed to be enforced upon parents and teachers. A third edition of the work was issued in this country in 1845. It had previously been republished in Glasgow, with a preface by Dr. Robert Macnish, and also in Edinburgh, with a highly commendatory introduction by James Simpson, Esq.

That after so many years the present edition has been prepared by Dr. Leared, proves how correctly and forcibly the practical truths demanded to be taught were set forth by the author. Alas, that it shows, also, how insufficient were his teachings to work more than a partial and temporary cure of evils which have a perennial source in the vanity and folly of parents. Dr. Leared states that the "over-stimulation he so well described was never more prevalent than at present. The opening remarks upon mental excitement and its causes, which existed in the United States at the time they were written, are now quite as applicable to this country." And, in spite of all that has been said and written on the subject during thirty-five years, we are assured that

nothing has been permanently gained in the way of reform on this side the Atlantic.

But although the practical teachings of Dr. Brigham have not become obsolete, as the errors which called them forth have not passed away, yet great changes have taken place from the philosophical and medical theories upon which his writings were based. The phrenological doctrines of mind, which Dr. Brigham, with many other leading medical men, more or less fully accepted, have since been abandoned. How far these doctrines, which were at the time strongly denounced by clergymen and moralists, hindered the circulation and influence of his book, we are not able to say. Dr. Leared has done well, however, in omitting from this edition certain portions of the text, in which phrenological and other discarded theories are directly assumed. It seems to us that still other portions might have been dropped, without injury to the main purpose of the book, and to the advantage of its scientific accuracy.

The editor has not burdened his text with notes, and his remarks are usually learned and appropriate. His additional chapter, on the cause and treatment of dyspepsia in those who perform too great mental labor, is perhaps less full and complete than it might have been. We do not see that it adds anything of importance to the remarks of Dr. Brigham on the same subject.

The pamphlet of Dr. Youmans differs somewhat in its scope and purpose from the foregoing, but also treats of the education of the young, and is withal a model of scientific philosophizing, joined with a rare eloquence, and directed to the highest practical ends. Like Dr. Brigham, the writer deals with mind only from the side

of organization, and according to the methods of scientific inquiry. He tells us that "we know nothing of mental action except through nervous action, without which there is neither thought, recollection nor reason." And he follows this nervous action through its reflex and automatic forms, in its relations with sensation and consciousness, through the instincts and feelings, and to its final development in the complex intellectual operations, memory, imagination, reason and volition. But physical science has steadily grown more careful in its inductions, and more moderate in its expectations, since it first attacked the subject of mind in the scheme of phrenology. Perhaps, too, the guardians of religion and morality have lost something of the extreme apprehension with which they once regarded the study of man through his organization. Certain it is that a large body of the clergy now unite with the most experienced teachers, in every department, in commending the principles and conclusions so ably and eloquently set forth by Dr. Youmans in this lecture. As a specimen, we may quote the following paragraphs, on the law of mental limitations:

The old contrast between matter and mind led to the growth of an all-prevalent error upon this point. To matter belongs extension or limitation in space; but mind is inextended, and therefore it has been inferred to be unlimited; being indefinite, it was supposed to be unbounded in its nature. But force also is inextended, although rigorously limited and measurable; and as mind is nothing more nor less than mental power, it must be subject to the laws of power, and work within quantitative limits, like any other form of force. Power, again, is but the accompaniment of material change, and is, hence, restricted in quantity by the amount of that change; and as mind is accompanied by cerebral transformation, it must have a necessary limit in the quantity of cerebral transformation. In, therefore, considering man as a being in whom mind is conditioned by a bodily organism,

the limitation of mental effects becomes a practical question of the very highest importance.

The doctrine of the conservation of energy and the mutual convertibility of the various forces, is now accepted as a fundamental truth of science. Nor is there any ground for regarding the vital forces as an exception to the principle. That the organism cannot create its own force, that its energy is entirely derived from the food ingested, and which, in this point of view, is merely stored force, is beyond question; and the source being thus limited, that its expenditure in one direction makes it impossible to use it in another, is equally evident. This principle applies, even in a more marked degree, to the cerebral system. Every one knows that hearty digestion and violent exercise lower the mental activity, that is, the forces are diverted from the brain, and thrown upon the stomach and muscles.

That the purely intellectual powers are also subject to limitation is unquestionable. All minds are fissured with incapacities in one direction or another,—clipped away on this side or on that,—all are fragmentary. There may be great mathematical ability, but no imagination; fine poetical gifts, without logical faculty; large executive power, coupled with deficient judgment.

Reflex Paralysis: Its Pathological Anatomy and relation to the Sympathetic Nervous System. By M. GONZALEZ ECHEVERRIA, M. D., etc. New York: Baillière Brothers. 1866.

Two papers, published by Dr. Echeverria in the *New York Medical Journal* for April and May of last year, well deserve the more permanent form given them in this little book of eighty octavo pages. They treat of the very obscure and difficult subject of reflex paralysis in the only way which seems likely to yield any positive results; that is, through the observation of morbid changes in the nervous tissues, chiefly to be revealed by the microscope. There is a strong tendency in the study of all nervous disorders to assume some transformation or perversion of force, disconnected with organic lesions, as a necessary basis of knowledge. But too much is

sure to be explained on such a theory, if once admitted, and no real advance is made.

The writer first explains his use of the term reflex. He means by it, all "that peculiar and extensive class of paralyses called functional, idiopathic, asthenic, and peripheral." Yet for himself he does not admit the idea that there is no lesion of the spinal cord in this class of cases. In fact, to determine what is this lesion is the chief purpose of his essay. Nor does he admit that contraction of the blood-vessels of the spinal cord is the proximate condition in all forms of reflex paralysis. This theory of Brown-Séquard seems far from being accepted by all observers. After showing its insufficiency, and that it is contradicted by the observations of Brown-Séquard himself, the writer enumerates the causes of reflex paralysis, as follows :

The causes capable of giving rise to reflex paralysis are : Exhaustion of central nervous excitability ; General affections, and a contaminated state of the blood ; Disturbed nutrition by conditions other than the above ; Circumfusa : cold, wet, and atmospheric influences, although these latter more properly belong to those causes acting on the blood ; Lesion of the peripheral nervous system.

Following a long and interesting review of cases, observed by himself and others, Dr. E. thus sums up the material changes which have been described :

A congestive state of the meninges ; atrophy and granular degeneration of the anterior and lateral columns of the cord ; same degeneration of the anterior cornua of the gray substance, not extending much further than the intermedio-lateral tracts ; more or less abundance of corpora amylacea in both substances of the cord, especially with infantile paralysis ; granular degeneration of the nerve cells, with hypergenesis of brown pigment granules, mainly in those of the sympathetic ganglia ; hypergenesis of nuclei and fibres in the neuroglia and connective tissue of the ganglia ; and finally, a fatty granu-

lar degeneration of the peripheral nerves—*neuritis propagata*—capable of being the only lesion accounting for the paralysis.

In the first portion of his second and final chapter, the writer considers the influence of the sympathetic system in the production of reflex paralysis. In accordance with many others, he believes that this system has an important place in the chain of causation. In the support of this theory, he dwells at length upon the derangement of sensibility in reflex paralysis, citing numerous authorities and cases.

Nothing constant has been observed as to any abnormal condition of the urine in this disease.

He concludes with referring to the curious fact of a permanent muscular contraction observed in two cases.

We have been much pleased with the manner in which the very interesting subject of this book is discussed, and regret that little more can be done here than briefly to indicate the character of the work. Since receiving it we have learned that Dr. Echeverria has opened an institution for the treatment of paralysis, epilepsy, and other nervous diseases, at Lake Mahopac, Putman Co., N. Y. With this opportunity for observation and treatment in his specialty, we hope that his studies may be crowned with an abundant success.

SUMMARY.

INSANITY IN GREAT BRITAIN.—*England.*—There were 30,869 lunatics in the asylums and hospitals of England and Wales on the 1st January, 1866, as against 29,425 on the 1st January, 1865; and of these 14,630 were males, 16,239 females; 24,995 were pauper, 5874 private patients. Amongst the pauper patients there were 2397 more females than males; amongst private patients 788 more males than females. Of the whole number of lunatics only 3479, a little more than one-ninth, were deemed curable. These are all the figures which we shall give; they are sufficiently striking, and would be more so were it not that habit has accustomed us to view them with indifference. Add to the total number at least 9756 lunatics in work-houses, 227 single patients certified according to the statute, and x to represent the unknown quantity of single patients not so certified, and the grand total will be the number of insane persons in England and Wales.

The burden of the first fourteen pages of the "Report" is the overcrowded state of many of the county asylums, and the inadequate provision for their insane, on the part of many counties and boroughs. The practical steps suggested, recommended, or insisted upon, to remedy the evils exposed, are the enlargement of several of the existing county asylums, the rearing of a new asylum in certain counties that have not yet built one, and of a second or a third asylum in the counties in which the existing asylums are already too large, and the building of separate asylums for several boroughs. In short, the most desirable course is thought to be to multiply asylums throughout the country, and to gather the insane into them from the north and the south, from the east and the west. Now we should hesitate extremely before pronouncing a system recommended by those who have so much experience and knowledge of the insane and their requirements, as wrong; and yet we cannot resist a suspicion which is fast growing into a conviction, that it is not entirely right.

Important and most valuable data for the determination of the question will be found in an appendix to the Scotch Report, where there is an excellent report on the condition of the insane in private

dwellings in Scotland, by Dr. Mitchell, one of the Deputy Commissioners in Lunacy, a report not less remarkable for the striking facts which it discloses, than it is for the calm, temperate, and admirable manner in which it is written. All who are interested in the subject should certainly study Dr. Mitchell's able report; whether they agree entirely with his conclusions or not, they cannot fail to be impressed with the facts which he sets forth.

Scotland.—The total number of insane persons in Scotland on the 1st January, 1865, was 6468; of these 3005 were males, 3463 females; 1076 were private patients, 5392 paupers. Of the paupers, 1630 were in private dwellings; of the private patients, only 21. There has been a steady large increase of the number of pauper lunatics in establishments, and a steady slight decrease of those in private dwellings during the last few years. The number of private patients, whether in establishments or private dwellings, has undergone no material increase during the last seven years. "This difference in the growth of pauper and private lunacy depends not so much on the smaller proclivity of the wealthier classes to insanity, as on the pauperising tendency of the malady, which leads to a considerable number of patients being every year transferred from the category of private lunatics to that of paupers. The influence of asylum extension in promoting this change is very considerable, as from the cost of maintenance being materially greater in establishments than in private dwellings, the funds of the patient and of his relatives are sooner exhausted when recourse is had to asylum treatment, which, with the increase of accommodation, becomes of more frequent occurrence."

The report of the Scotch Commissioners is remarkable, as usual, for its complete series of elaborate and carefully compiled tables, in which the history of the insanity of the country, from the date of the establishment of the Lunacy Board, is faithfully presented. An interesting table, giving the number of pauper lunatics intimated in the seven years—1858–1864—distinguishing between those placed in asylums and those left in private dwellings, shows that the intimations were more numerous in 1864 than in any year since the constitution of the Board, with the exception of 1858 and 1859, when they were abnormally increased by the effects of the first visitations. "This increase," the Commissioners say, "is dependent on no law which we can trace, unless it be the general one, already noticed by many ob-

servers, that whenever accommodation is provided patients are sure to appear to occupy it." They are of opinion that more freedom might fitly be accorded to parochial boards in the removal of pauper lunatics from asylums, provided that adequate authority were given to the Board to prevent the discharge of manifestly improper cases, and to ensure the retransmission to asylums of all such patients as might be considered unfit inmates of private dwellings. A table gives the average daily rate of maintenance of pauper lunatics in each county, and shows that the general average of the different counties was 1*s.* 3½*d.* in public and district asylums, 1*s.* 4*d.* in private asylums, 1*s.* 0½*d.* in poorhouses, and 6*d.* in private houses.

It is quite plain that the views of the Scotch Board of Lunacy, with regard to the question of what is to be done with the insane, differ much from those of the English Board. The inevitable result, if it has not been the express aim, of the policy adopted by the latter, has been to force the insane, pauper and private, into asylums; but it is evidently not the aim of the Scotch Board to place every class of the insane poor in district or other asylums, but rather to secure the coöperation of the parochial authorities for the satisfactory care of some of them in private dwellings. The admirable report of Dr. Mitchell, already referred to, and a report also of Dr. Paterson on the single patients visited by him, prove a considerable amount of success in the realization of these views. Dr. Mitchell writes as follows:

Of the general condition of the single patients in these fifteen counties, I am able to report more favorably this year than I have done on any previous occasion. Since 1858 it has undergone a steadily progressing improvement; but this has been more especially apparent during the last four or five years, and in a large majority of the whole it may now be regarded as satisfactory, in the sense that a fair and reasonable provision has been made for the care, comfort, happiness, and general well-being of the patients. * * * Of the single patients, with whom the Board first dealt, there was a certain proportion pronounced satisfactory, and this proportion has gone on steadily increasing, while the proportion of unsatisfactory cases has steadily decreased. It is not probable that we shall ever be able to report of the whole that they are satisfactory; just as it is not probable that we shall ever be able to report of all establishments for the care of the insane that they are satisfactory. It will be a sufficient, and, for practical purposes, a complete success, if the unfavorable cases be reduced to a trifling per-centage of the whole; and this, judging from experience, may be attained.

We regret that we have not space to quote Dr. Mitchell at greater length. He goes on to point out that no case of assault among single patients has been reported or become known to the Board; that

no case of suicide is known to have occurred among them; and that the mortality among them has hitherto been considerably less than among patients in those lunatic wards of poor houses which are licensed for chronic and incurable cases only, that is, for the same class of cases which exists in private dwellings. Taking the number of pauper single patients as 1637, and the cost of each per day as 6d., the whole cost of these would be £14,937; whereas in poor-houses it would have been £30,489, and in district asylums £40,206. "There is thus, by retaining these patients in private dwellings, a yearly saving to the country of either £15,552, or of £25,269, according to whether they would otherwise be provided for in poor-houses or asylums, the lower estimate of the saving being £15,000 per annum. The first cost of providing the necessary accommodation, at £55 for each patient, would be £90,035." After pointing out that the consideration of expense, though not the first consideration, cannot and should not be overlooked, and that the amount of happiness acquired is not always in proportion to the sum paid out, Dr. Mitchell says:—"There are now about 15,000 incurable and fatuous paupers in Scotland disposed of in private dwellings, for whose care, in my opinion, a reasonable provision has been made, and whose happiness and comfort would not be increased by any other mode of management. They enjoy life more, and will live longer than they would if placed either in poor houses or asylums, and to leave them where they are is the course which is at once humane and economical." Dr. Paterson, as one also to whom it has been entrusted to carry out the policy of the Board with regard to single patients, feels "bound to say that every year evidences of its beneficial effects are seen." We are sorry that we must here take leave of these interesting reports of the Deputy Commissioners; they well deserve, and ought to receive, the careful attention of all those interested in solving, in the best possible manner, the great question as to the most humane, just, and economical disposal of the insane poor.

Ireland.—On the 31st December, 1865, there were 8845 registered lunatics in Ireland, as against 8272 on the corresponding day of the previous year. Of these, 4403 were males; 4442 females; 4835 were in public asylums, 2733 in poorhouses, 505 in gaols, 583 in private asylums, 64 in Lucan, supported by government, and 125 in the Central Asylum for Criminal Lunatics. Throughout the provinces there are still very many for whom no suitable accommodation can be

found, and who are not under proper care and treatment. It appears, then, that the number of registered lunatics increases in Ireland, notwithstanding the decrease of the population from emigration and other causes.

The Inspectors, while insisting upon the necessity of an adequate provision being made for the wants of the insane poor, at the same time lay stress upon the desirability of restricting asylums, so expensive in their construction and maintenance, to those whose maladies give reasonable hope of recovery, or who require constant supervision, both for their own protection and that of others—in short, of making them as much as possible hospitals for the curative treatment of the insane rather than receptacles for their safe keeping. They would wish to have intermediate places for a portion of the chronic and incurably insane; and this end might be attained, they think, easily and economically, by fitting up portions of the work-houses for such cases. Boards of guardians have objected thus to take charge of the insane, no matter how tranquil or incurable they might be; but the objection gradually becomes less strong, and will, no doubt, wear out when guardians realize the fact that, “with a little extra cost and attendance, they can comfortably maintain the hopelessly demented and idiotic at one-half the expense incurred for their support in regular asylums.”

Taking one asylum with another, the average cost for the seventeen now in operation is £20 7s. 6d. per head per annum, or one shilling less than it was in 1864. This is estimated to be about 30 per cent. less than it is in England.

At page 13 of their report the Inspectors make the remarkable statement that idiocy, in the true acceptance of the term, is very rare in Ireland. There are many to be found utterly demented as the result of epilepsy and mental disease, but their inquiries have resulted in the conviction that not many idiots are to be discovered. They then go on to speak of imbecility, and take occasion to express their opinion, “that in five cases out of six, the prevalent character of imbecility does not interfere with the exercise of social rights, the enjoyment of personal liberty, and the fulfilment of social obligations and responsibilities.” The social rights and responsibilities of an Irish peasant in many parts of the country are probably not at a very high level, and this consideration will render the statement less extraordinary than it might appear at the first blush. Indeed, we might, perhaps, derive from it a hint applicable to England; for we

have fancied we have now and then met with a patient detained in an English county asylum as stupid or imbecile, who really evinced no more intellectual deficiency than was habitual to the neglected class from which he came, but whom a superintendent, not familiar with the Boetian stupidity of the lowest agricultural laborers, has thought to be downright imbecile or demented. It is truly astonishing how difficult it becomes—and we speak from our own experience—for one who has the management of an asylum, and is constantly seeing or looking for signs of insanity in those under his care, to recognize sanity where there is any falling short of, or deviation from, a certain arbitrary standard, which has been incorporated in the habit of his thought. Individuality has notoriously but a small chance in the outside world; but it is, perhaps, even a more perilous quality for its possessor in an asylum. To differ from the received opinion and practice on some point not entirely insignificant inevitably renders a man *suspect* to the tyrannical majority, which deems itself not simply sane but extremely wise; but to evince such difference in an asylum would be to afford what is sure in many cases to be considered absolute proof of the continuance of the madness. Herein there lies a reason why superintendents may rightly welcome the visits of guardians and others from the outside world, and receive gratefully their criticisms, however absurd these may seem; for the greatest kindness that can be done to any one sincerely wishful to have sound opinions and to grow in knowledge is to disturb rudely his usual routine of thought, and thereby to compel him either to correct and enlarge his views, or to satisfy himself thoroughly of the grounds of them, and thus to render them more definite, clear, and certain.—*Review of Lunacy Commissioners' Reports, in the Journal of Mental Science, for January, 1867.*

THE NEW ASYLUM FOR EASTERN NEW YORK.—The Legislature of this State, by an unanimous vote in both Houses, has passed an act establishing another State institution for the insane, on a farm of about 200 acres, near the city of Poughkeepsie, and presented for the purpose by that City and Dutchess County. The act also appropriates \$100,000 to the work, providing that it shall be expended so as to complete a section of the building at once for patients.

The Board of Managers has already chosen a medical superintendent, under whose advice a plan will be adopted and operations begun at an early day.

We may now consider the policy of the State as fixed in favor of providing for all classes of the insane in regularly organized hospitals. In accordance with a resolution of the Association of Superintendents last year, the plan of the new Asylum is limited by law to provision for 600 patients.

MICHIGAN ASYLUM FOR THE INSANE.—The Legislature of Michigan has recently appropriated \$118,000 towards the completion of its Asylum for the Insane at Kalamazoo. The appropriation was made by an unanimous vote in the Senate, and with only a single dissenting one in the House. This should be considered a high compliment to the rare talent and devotion of Dr. E. H. Van Deusen, medical superintendent of the Asylum, and as additional evidence in favor of the plan under which the institution was organized, and operations commenced. Dr. Van Deusen was chosen Superintendent at the first, and the building was begun at the extreme wings, and completed for patients step by step, as means were appropriated. Thus, notwithstanding the partial destruction of the centre building by fire, a few years since, and other unanticipated delays, the State has for some time had the benefit of partial provision for its insane, and may now look forward to a speedy completion of its Asylum according to the original design.

OBITUARY.—DR. HOWARD TOWNSEND died at Albany, N. Y., on the 16th of January, 1867.

The sudden decease of Dr. Townsend, while yet in the prime of life and in the midst of an honorable and

useful career, has spread sorrow through a large circle of friends, and is widely felt as a public loss.

He was distinguished for kindness of heart and purity of character, not less than for his high culture and scholarly acquirements. His professional learning was extensive in all the many branches of medical knowledge. But his tastes and opportunities led him also into other fields of science and art, and into general literature. He left no important work upon which to rest his fame, but was the author of several interesting essays, chiefly upon professional subjects.

At the time of his death, Dr. Townsend was a professor in the Albany Medical College, one of the Board of Managers of the New York State Lunatic Asylum, a member of the staff of the Albany Hospital, and of the Board of Public Instruction of that city, and also of the County and State Medical Societies.

We have received a beautifully printed pamphlet, in which the resolutions and proceedings of these various bodies are appropriately preserved.

APPOINTMENT.—Dr. J. M. Cleaveland, late first assistant physician of the N. Y. State Lunatic Asylum, has been appointed Medical Superintendent of the Hudson River State Hospital for the Insane, established near the city of Poughkeepsie, N. Y.

MEETING OF THE ASSOCIATION.—The Twenty-first Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the Continental Hotel, in the City of Philadelphia, on Tuesday the 21st day of May, 1867, at 10 A. M.

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